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Patricia R. Underwood, R.N., D.N.Sc.
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Commissioner

Arthur M. Jackson
Commissioner

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Commissioner

Pierre R. Ludington
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL. (415) 554-2666

SF
H20
#1
1/12/93

AGENDA

HEALTH COMMISSION MEETING
January 12, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 15, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a request for approval of the 1992-93 County Health Plan.

(3.2) Consideration of a supplemental for use of HIV Primary Care Reserve.

(3.3) Consideration of a request for approval of a contract between DPH and the State Department of Health Services for a Capitated Medi-Cal Reimbursement Pilot Program to be provided by the Family Mosaic Project.

(3.4) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $100,444 for institutionalization of tobacco interventions at five community clinics for the period of January 1, 1993 through December 31, 1993. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

(3.5) CPHS - Health Promotion - New contract with the American Lung Association of Contra Costa/Solano in the amount of $84,680 for a Smoke Free Worksite Policy Project for the period of March 1, 1993 through February 28, 1994.

(3.6) CPHS - Health Promotion - New contract with Polaris Research and Development for the design and implementation of a comprehensive evaluation of the Comprehensive Tobacco Control Plan in the amount of $76,768 for the period of March 1, 1993 through June 30, 1994. (DPH contracted with Polaris Research and Development for services totaling $129,481 in FY 1992-93).

(3.7) CPHS - Tobacco Control - Request to accept and expend an augmentation to the State AB99 allocation in the amount of $1,129,305 to provide tobacco control

and perinatal outreach services for the period of January 1, 1992 to June 30, 1994, and to adopt the augmented 1992-94 Tobacco Control Plan and Budget and Supplemental Perinatal Outreach Plan and Budget.

(3.8) CPHS - Family Health - Modification of multi-year contract renewal with Planned Parenthood Alameda/San Francisco, in the amount of $321,487/yr. to provide clinical and community outreach services for the period of September 30, 1992 through September 29, 1996. (DPH contracted with Planned Parenthood Alameda/San Francisco for services totaling $501,523 in FY 1991-92).

(3.9) CPHS - Family Health - Modification of the multi-year contract renewal with UCSF in the amount of $142,697/yr. to provide research and evaluation services for the period of September 30, 1992 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,422,404 exclusive of the affiliation agreement in FY 1991-92).

(3.10) CPHS - Administration - Multi-year contract renewal with California Children's Home, Inc. in the amount of $126,184 to provide residential care services to crack-cocaine addicted teen-age pregnant women and their infants for the period of July 1, 1992 through June 30, 1993. (DPH contracted with California Children's Home, Inc. for services totaling $120,750 in FY 1991-92).

(3.11) CPHS - Epidemiology and Disease Control - Request to accept and expend a grant in the amount of $844,125 from the California Department of Health Services to provide hepatitis B immunizations to infants and selected middle school students in San Francisco for the period of January 1, 1993 to December 31, 1993.

(3.12) CPHS - STD Control - Request to accept and expend an augmentation to a grant in the amount of $627,238 from the Centers for Disease Control to provide sexually transmitted disease control services and a contract modification with Global Health Systems, Inc. in the amount of $24,000 to provide computer consulting services for the period of May 1, 1993 to December 31, 1993. (DPH contracted with Global Health Systems for services totaling $109,175 in FY 1991-92).

(3.13) C.O. - AIDS Office - Request to accept and expend a continuation grant in the amount of $11,462,925 to continue funding the Ryan White Comprehensive AIDS Resources Emergency (CARE Title I Formula) Disaster Relief Grant from the Health Resources and Services Administration (HRSA) for the period of February 1, 1993 to January 31, 1994.

(3.14) C.O. - AIDS - Renewal contract with San Francisco Women's Center, Inc., as fiscal agent for Lavender Youth Recreation and Information Center, in the amount of $75,000, to provide AIDS/HIV prevention education services targeted at gay and bisexual adolescent males, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Lavender Youth Recreation and Information Center with CA Pacific Medical Center as fiscal agent for services totaling $45,833 in FY 1991-92)

(3.15) C. O. - Budget and Planning - Request to authorize the adoption of the County Description of the Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for FY 1992-93.

(3.16) DMSF - Forensics - Modification to the contract with MedCal Data Systems, Inc., in the amount of $148,944 to add modules to the Forensic Services health care management information system for use throughout the adult jail system of the City and County of San Francisco for the period of January 13, 1993 through June 30, 1993. (DPH contracted with MedCal Data Systems, Inc. for services totaling $210,220 in FY 1992-93).

(3.17) C.O. - Toxics - New contract with SCA Environmental, Inc. in the amount of $683,469 to provide asbestos control management consulting services for the period of December 15, 1992 through December 14, 1993.

(3.18) DMS - CSAS - Renewal multi-year contract with Westside Community Mental Health Center, Inc., in the amount of $1,426,620/first year to provide comprehensive outpatient substance abuse services for the period of July 1, 1992 through June 30, 1996. (DPH contracted with Westside Community Mental Health Center, Inc. for services totaling $2,461,531 in FY 1991-92).

(3.19) DMS - CSAS - Renewal multi-year contract with Chemical Awareness and Treatment Services, Inc. in the amount of $1,759,965/first year to provide residential substance abuse treatment services and transportation services for the period of July 1, 1992 through June 30, 1996. (DPH contracted with Chemical Awareness and Treatment Services, Inc. for services totaling $1,604,064 in FY 1991-92).

(3.20) DMS - CSAS - Request to accept and expend a grant subvention in the amount of $4,700,000 from the Substance Abuse and Mental Health Services Administration to reduce client waiting lists for substance abuse services and lessen the threat of HIV transmission for the period of January 1, 1993 through June 30, 1994, and nine sole source and contract modification requests:

1) Horizons Unlimited of San Francisco in the amount of $161,000 to enhance existing program services for Latino youth;

2) Baker Places in the amount of $70,000 to enhance existing dual diagnosis program services;

3) Bay Area Addiction Research and Treatment in the amount of $141,304 for clients who are verified as unable to pay for services and $42,294 for 16 additional outpatient methadone maintenance slots;

4) Bayview-Hunter's Point Foundation for Community Improvement in the amount of $14,914 for six additional methadone slots;

5) Haight Ashbury Free Clinics in the amount of $46,536 for 12 additional drug detoxification slots;

6) UCSF/PACE Program at SFGH Ward 93 in the amount of $14,914 for six additional methadone slots;

7) Westside Community Mental Health Center in the amount of $10,161 for six additional methadone slots;

8) Iris Center, formerly known as Women's Institute for Mental Health, in the amount of $9,346 for four additional outpatient slots;

9) Walden House in the amount of $67,364 for seven residential treatment slots.

(In FY 91-92 DPH contracted with Bay Area Addiction, Research and Treatment in the amount of $1,958,778.50, Baker Places in the amount of $3,149,363, Bayview-Hunter's Point Foundation in the amount of $7,754,006, Haight Ashbury Free Clinics in the amount of $4,352,056, Horizons Unlimited of S.F. in the amount of $679,462, UCSF in the amount of $7,422,404 exclusive of the affiliation agreement, Westside Community

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Mental Health Center in the amount of $2,461,531, Women's Institute for Mental Health in the amount of $923,354, and Walden House in the amount of $5,269,975).

(3.21) DMS - Child, Adolescent & Family - Renewal contract with Edgewood Children's Center in the amount of $631,770/per year to provide day treatment services, subacute day treatment, respite program and school-based intervention programs for the period of July 1, 1992 through June 30, 1994. (DPH contracted with Edgewood Children's Center for services totaling $369,821 in FY 1991-92).

(3.22) Reconsideration of a Health Commission policy regarding allocation of Tobacco Tax Funds.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **ANNUAL REVIEW OF POLICIES/PROCEDURES OF THE HEALTH COMMISSION**

6) **PROGRESS REPORT ON THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA AND THE CITY/COUNTY OF SAN FRANCISCO**

7) **PUBLIC HEARING ON DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE FY 1991-93 ACTION PLAN STATUS REPORT AND 1993-94 ACTION PLAN**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $35,000 FOR MAERINA V. CCSF, SUPERIOR COURT #891-377.**

Disability Access

Room #300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

English sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

SF
H20
#2
1/12/93

Patricia R. Underwood, R.N., D.N.Sc.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

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Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 12, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 15, 1992

Action Taken: The Commission adopted the minutes of the December 15, 1992 Budget Committee meeting.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a request for approval of the 1992-93 County Health Plan.

This item is a duplicate of #3.15.

(3.2) Consideration of a supplemental for use of HIV Primary Care Reserve.

This item was postponed to a future meeting.

(3.3) Consideration of a request for approval of a contract between DPH and the State Department of Health Services for a Capitated Medi-Cal Reimbursement Pilot Program to be provided by the Family Mosaic Project.

(3.4) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $100,444 for institutionalization of tobacco interventions at five community clinics for the period of January 1, 1993 through December 31, 1993. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

Commissioner Jackson expressed his concerns on the efficacy of the intervention and cost-effectiveness of the contract. Commissioner Chow had concerns on the high overhead costs of the contract. The Commission deferred action and referred this contract back to the Department for further review.

(3.5) CPHS - Health Promotion - New contract with the American Lung Association of Contra Costa/Solano in the amount of $84,680 for a Smoke Free Worksite Policy Project for the period of March 1, 1993 through February 28, 1994.

(3.6) CPHS - Health Promotion - New contract with Polaris Research and Development for the design and implementation of a comprehensive evaluation of the Comprehensive Tobacco Control Plan in the amount of $76,768 for the period of March 1, 1993 through June 30, 1994. (DPH contracted with Polaris Research and Development for services totaling $129,481 in FY 1992-93).

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Public Speaker: Edward Benner

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(3.15) C. O. - Budget and Planning - Request to authorize the adoption of the County Description of the Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for FY 1992-93.

Commissioner Chow abstained from this item to avoid any conflict of interest.

(3.16) DMSF - Forensics - Modification to the contract with MedCal Data Systems, Inc., in the amount of $148,944 to add modules to the Forensic Services health care management information system for use throughout the adult jail system of the City and County of San Francisco for the period of January 13, 1993 through June 30, 1993. (DPH contracted with MedCal Data Systems, Inc. for services totaling $210,220 in FY 1992-93).

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Commissioners Kaufman and Chow raised the issue of relooking at our present contract policies regarding agency compliance to affirmative action policies for Board and staff. Commissioner Chow suggested concrete deliverables could be required from the contractors. This issue will be calendared for a future meeting.

(3.22) Reconsideration of a Health Commission policy regarding allocation of Tobacco Tax Funds.

This item was deleted.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.2, #3.4 and #3.22.

Dr. Baxter made a special presentation of the 5th Annual California Association of Public Hospitals/Public Health Institute Conference Management Excellence Award to the San Francisco General Hospital Medical-Psychiatric Unit, which provides cost effective care to patients with medical-surgical and psychiatric diagnoses in an acute care setting. The development of this unit was a direct result of concerns expressed by the Health Commission and needs to be identified by the Department for

programs designed to provide care for patients with both psychiatric and medical problems who are at high risk of harming themselves or others and who require continued observation. A Department-wide Task Force was formed to address this problem. Particularly recognized were:

Gene O'Connell, RN, MS, Acting Associate Administrator of Nursing Services.
Dolores Gomez, RN, Assistant Director of Nurses
Ken Jones, RN, MS, Health Nurse of the Medical Psychiatric Area.

Other members of the Task Force are:

Mary Anne Johnson, MD, Medical Director, LHH.
Virginia Leishman, RN, Director of Nursing, LHH.
Robert Brody, MD, Dept. of Medicine, SFGH.
Phyllis Harding, RN, Associate Administrator, SFGH.
Francis Lu, MD, Chief of Psychiatric Inpatient Services, SFGH.
Jean Claire Plebani, LCSW, former Dir. of Social Services, SFGH (retired).
Jo Ruffin, LCSW, Director of Senior and Institutional Services, DMS.
Aline Wommack, RN, Associate Director of Nursing, Psychiatry, SFGH.
Ian Barlow, MD, U.C. AIDS Health Project.

Also on the Task Force were:

Barbara Kirkwood, Former Administrative Assistant, LHH, and
James Hawkins, MD, former Director of Psychiatry, LHH.

4) DIRECTOR'S ANNUAL REPORT
(Raymond J. Baxter, Ph.D.)

REPORT ON 1992

- Department of Public Health Review: As I did last year at this time, I would like to take the opportunity at this first meeting of the Health Commission in 1993, to review some of the Department of Public Health's activities of the past year. The Health Commission was again generous with your guidance in providing governance for the Department. I especially want to thank President Patricia Underwood for her consistently strong, even-handed leadership and express my appreciation to each member for your time and support throughout the year.

  The year 1992, my second year as Director of Health, can best be remembered as one of unprecedented deficits at both the state and local levels. 1992 can perhaps best be characterized as a year of "circling the drain" as so much of our energies were devoted to surviving a third year of record budget deficits. The year ended on an optimistic note with a new national administration and hopefully a better attitude toward health care.

  One year ago, I was asked to present a briefing paper for newly elected Mayor Frank Jordan, giving an overview of the critical issues facing the Department of Public Health. At that time, I stated that the unique challenge facing the Department is to protect the vital services it provides to people in greatest need, by developing creative solutions to immediate budget deficits, while, at the same time, taking a longer view to assure that we continue to carry out our responsibilities in a changing health care environment. In order to accomplish these twin tasks, I reported that the Department was initiating a strategic planning process to

re-examine the role of the Department of Public Health in the context of the health needs of our City and the entire constellation of health care resources available, both public and private.

Unfortunately, much of 1992 was dominated by the budget - - first the City's deficit, followed by massive state budget reductions. Some of the results of DPH cuts due to state reductions are still not fully resolved.

In 1992, I continued to focus on streamlining and strengthening internal operations, expanding our collaborations with other providers, maximizing revenues, and continued development of a broad integrated human services approach to public health.

BUDGET

- State and Local Deficits: The continuing decline in the local economy, and massive state budget cuts to local governments (including $2.9 million in health and mental health cuts to S.F.), compelled us to reduce reliance on the general fund. The Department once again successfully pursued revenue increases, including $25 million in SB 855 funds for SFGH, and administrative and operating cost reductions to minimize impacts on health services. For the FY 92-93 budget, revenues were increased by $51.8 million and administrative/operating costs were reduced by $16 million, resulting in a 3% reduction in the use of general funds, for a total budget of $578 million. The Department also receives approximately $45 million in grant funds.

  Once again, the Ad Hoc Citizens Budget Committee was instrumental in advising the Department on the budget that was presented to the Health Commission. At the division levels, the advisory committees were involved and informed. The Executive Budget Committee and the department's technical budget staffs, under the leadership of Ms. Susan Ehrlich and Ms. Debbie Alvarez worked long hours over a period of many months to produce the department's final budget.

- Work Furlough: As a result of the State budget cuts and in order to maintain services, DPH included a reduction of $3 million for a five day unpaid work furlough program for all but essential services during the December holiday week. Although an involuntary furlough was approved by Civil Service, the employee unions took a position in support of a voluntary work furlough. At this time, the Mayor is encouraging all city employees to volunteer at least one day. The voluntary work furlough days are to be calculated at the end of January to determine if the total will be adequate to meet the city's work furlough cuts.

- Update on SB 855 Federal Medicaid Funds: San Francisco is eligible to receive $1.6 million more than budgeted, if sufficient Medi-Cal patient days are provided. This is partially because DPH had increases in Medi-Cal days in 90-91 relative to other counties. Current projections show that SFGH will provide enough days to receive the additional $1.6 million.

STATE LEGISLATION

- Summary of 1992 Legislative Session: The DPH Office of Budget and Planning monitored over 50 pieces of health related legislation during 1992. The Department's legislative priorities were: (1) protecting SFDPH funding

(realignment and Prop 99 mental health and health care funding) (2) supporting legislation to maximize revenues (3) sponsoring needle exchange and poison control center legislation (4) monitoring proposals for health insurance reform (5) monitoring managed care initiatives. In addition, key legislative issues affecting various DPH divisions were monitored.

- Needle Exchange Legislation: The Governor vetoed legislation that would have authorized pilot needle exchange programs. I have continued to work with the Mayor's Office and the City Attorney regarding mechanisms to implement a legal needle exchange program in San Francisco. I will be reporting to the Health Commission shortly on the proposed plan for implementation.

- Poison Control Legislation: The Governor also vetoed AB 3103, the legislation to create permanent funding for regional poison centers throughout the state. The Department continues to work on seeking funding commitments for fair share contributions from all counties served by the SF Regional Poison Control Center. I am also continuing to work with Tom Kearney on a permanent funding mechanism to pursue through new legislation and we have scheduled a regional meeting this month with the other affected Bay Area counties.

ADMINISTRATIVE ACCOUNTABILITY

- Reorganization and Consolidations: Aggressive measures were continued in 1992 to reduce administration and improve operating efficiencies for a total cut of almost $16 million in FY 92-93. In addition to the 14 high level management positions cut in FY 91-92, 12 additional administrative positions were cut in FY 92-93. Since 1989, DPH administrators have been reduced by 23% from 170 in 1989 (3.3% of all DPH employees) to 131 in 1992 (2.3% of DPH employees). Even with this significant downsizing of administration, the Department's affirmative action efforts have increased the percentage of administrators from all underutilized groups.

- In 1992, Community Mental Health continued the consolidation of 12 programs into five sites and SFGH implemented the integration of inpatient and outpatient administration into five service clusters.

  The administration of Community Health Services was consolidated under Senior Deputy Director of Health Florence Stroud. This includes the overall administration and coordination of community public health, AIDS, mental health and substance abuse services with a specific focus on integrating primary care, mental health, substance abuse and HIV services at various service sites to more effectively serve multiple needs of clients. Ms. Stroud has also established a unit consolidating existing services to high-risk youth and children.

  Dr. Sandra Hernandez was appointed to the position of County Health Officer and Deputy Director of Health for Community Public Health Services (CPHS). The AIDS Office was consolidated with CPHS and Dr. Mitchell Katz was appointed Director of the AIDS Office.

  In June, Mr. Jeffrey Jue was named to fill the position of Deputy Director of Health for Mental Health and Substance Abuse Services after an extensive nation-wide search. He is implementing the further consolidation of adult community services into geographic service clusters to provide mental health, substance abuse and related AIDS services in an integrated service network targeting the seriously mentally ill.

These appointments complete the administrative reorganization of the Executive Staff of the Department of Public Health for the immediate future. I believe it is the strongest executive team in the Department's recent history. Each individual is talented, committed, and hard-working. Collectively, they have the skills that will be needed as this Department takes leadership in organizing a new health system for San Francisco and implementing a new mission and vision for the Department of Public Health.

- Affirmative Action: The Department continued to maintain labor force diversity that is equivalent to or above parity with the San Francisco general labor force market pursuant to the 1980 census.

- Update on Affiliation Agreement: I will be giving you a separate report today on the UCSF/SFGH affiliation agreement that will compare the new draft, developed over the past two years, with the existing agreement executed in 1959. The comparison reflects the dramatic changes in the health care environment in the last three decades. The new draft focuses on delineating and clarifying the roles, responsibilities, and accountability mechanisms. The very lengthy negotiation process is expected to be concluded within a month and a final agreement should be ready for presentation to the Health Commission in March.

- Revised Contracting Procedures: In response to concerns raised by the Health Commission, a number of contracting policy and procedural changes were made to facilitate the processing of personal service contracts awarded to community based organizations. These changes are designed to eliminate unnecessary administrative burdens and to standardize procedures while improving service quality and monitoring practices. The Department is also pursuing program consolidations to reduce the total number of contracts, and developing a model for master contracts with organizations with which we have multiple contracts.

- Internal Management Audit: A year ago I reported the Department was seeking the Controller's support for contracting with an outside consultant to review DPH internal financial control functions. We have not been successful in identifying funds for this purpose, and our proposal to create the position of Auditor General for the Department was denied in the budget. We are continuing to pursue this objective by seeking pro bono support from corporations.

- Update on Strategic Planning: Developing a mission and vision statement for public comment and Commission approval marks the beginning of the DPH strategic planning process. This process is embodied in the major efforts the Department continues to focus on, particularly administrative and program reorganization, managed care implementation and the budget process. In addition, the Budget and Planning Office is developing a grant proposal that seeks resources to develop a Health of the City report, which will provide a baseline of epidemiologic and health care systems data for strategic management and planning purposes.

- Update on Evaluation Task Force: The Executive Staff will shortly be reviewing a draft plan for program evaluation that has been prepared by the Evaluation Task Force co-chaired by Dr. Mitchell Katz and Dr. William McConnell. I will be reviewing the use of existing resources to focus on program evaluation in addition to program monitoring and contract compliance procedures already in place.

MANAGED CARE

- Medi-Cal Strategic Plan: Health care discussions were dominated in 1992 by the movement at the state level to enroll half of all Medicaid patients statewide, into managed care systems, designed to reduce choice and limit costs, by the end of FY 94-95. As this initiative moves ahead rapidly in 1993, it will require a complete transformation of the way this Department organizes and provides health services.

  In November counties and public hospitals throughout the state requested a 12 to 18 month moratorium on the State's initiative. The State responded with a very temporary "moratorium" until it could issue its strategic plan for the overall implementation of managed care for the Medi-Cal population. The release of the State's plan is expected this week and I will give a report at the next meeting of the Health Commission.

  This Department is developing a plan for managed care which will be presented to the Health Commission shortly. I have continued to meet with representatives from the city's health care community to review options for San Francisco. The Medical Society, Hospital Conference and Clinic Consortium have committed to working with us in a coalition to respond to the State's demands. I firmly believe this Department must develop a vision for a healthy community and take leadership in organizing a broad-based health care system for San Francisco.

COLLABORATION/COORDINATION

- Primary Care Network: DPH efforts to link services and referrals between SFGH and the community-based health centers have continued through the Primary Care Linkage Committee, co-chaired by the Executive Administrator of SFGH and the Deputy Director for CPHS. The Committee is continuing to move forward on operational, logistical, programmatic, and policy issues related to the further implementation of the Primary Care Network, including the integration of some mental health and substance abuse services through the community-based primary care sites.

  Health Center visits have increased by 76% from 1988 to 1991 while SFGH Emergency Room patients have decreased by 3.6% in the last two years. SFGH Outpatient Department patients have remained relatively constant, increasing by less than 0.5%. Despite the expansion of services at the health centers, demand still greatly exceeds capacity, and waiting times for routine appointments at SFGH outpatient clinics average 4 to 10 weeks.

  Strengthening the Primary Care Network is critical if DPH is to maintain and improve health services in this era of declining federal and state funding and the national movement toward managed care. Locally, we want to go far beyond the narrow notion of Medi-Cal primary care case management for basic health services and not simply develop a managed care system designed to reduce choice and limit costs.

  Expansion of site capacity is critical for the integration of health, mental health and substance abuse services. The Department is reviewing the reallocation of existing resources to relocate environmental health staff from the Health Centers to a central location. This would free up additional space for the critical needed expansion of primary care.

- Community Crisis Services: As a result of intensive negotiations by DPH over a period of one year, the administration of the Community Crisis Service was smoothly transitioned in July, with no disruptions in crisis services, from Mt. Zion Health Systems Inc. to Westside Community Mental Health Inc. Services continue at the same site, 7 days a week, 12 hours a day with the same clinical staff of mental health professionals. The increased services provided by Psychiatric Emergency Services at SFGH have been successful in providing 24 hour services to all 5150's.

- Pharmacy Task Force: The department-wide Pharmacy Task Force continues work on decentralization of medication access throughout the Department, and implemented a group purchasing and prime vendor contract to reduce costs. The AIDS drug dispensing program was decentralized from SFGH to a network of community pharmacies. The Task Force and DPH management succeeded in getting Civil Service to establish a competitive city salary structure for pharmacists.

- DPH Disaster Planning Activities: The Department's Emergency Response Committee, made up of department-wide representatives, continued to develop a DPH response to disaster. Jorge Palafox, EMS Agency, was appointed as the departmental disaster planner. The DPH Emergency Response Plan has been drafted and will be presented to the Commission shortly. The committee continues to meet monthly to address budget, training and unit-specific plan development issues.

  DPH has been working proactively with the Mayor's Office of Emergency Services (OES) in planning for a citywide response with other city departments. The OES and the EMS Agency sponsored two disaster training exercises. One activated the response from all city departments at the Emergency Command Center (ECC); and the other involved a DPH tabletop exercise, the first one of its kind. DPH will be coordinating other exercises for DPH staff in March and April 1993.

- Violence Prevention Program: Under the leadership of Ms. Stroud, an interagency task force has been established to work on violence in the community as a public health issue and develop action plans to reduce incidences of violence. The task force agreed initially to focus on youth violence and is developing collaborations with existing violence prevention efforts (i.e. Community Boards, DPH Critical Incident Response Team, Juvenile Probation, Real Alternatives Programs (RAP), Police, etc.) and plans to initiate department and community forums in June or July 1993.

  The Critical Incident Response Team (CIRT), which operates through a DPH contract with the Bayview Hunter's Point, provided crisis intervention, emotional support and grief counseling in response to 150 incidents in 1992 to neighborhoods, surviving youth, and family members directly affected by drive-by shootings, and gang and drug related violence. Clients are 24 years or younger. 52% of the incidents involved African American youth, 34% Latino, 6% Asian, 5% Samoan, and 3% White.

  The Department is also assisting the Real Alternatives Program (RAP) to establish a violence prevention program in the Mission neighborhood. The program focuses on newly immigrated Central American youth and involves teen clinic and mental health outreach services. Space for administration of the RAP program is provided by the Recreation and Parks Department and the School District has designated the Sunshine Alternative School in the Mission for these youth.

- Chateau Agape: After many months of negotiations, DPH succeeded in a proposal to lease the Chateau Agape, a former board and care residence, as a unique mental health/AIDS residential facility. The Mayor's Office provided assistance in concluding the final phases of the negotiations. Both the Division of Mental Health and the AIDS Office were involved in planning for the residential services which have been contracted to Westside Community Mental Health Inc.

- School Condom Distribution: The Department and the School District have been working cooperatively on a plan to distribute condoms at school sites. The AIDS Office has assumed responsibility for ordering the condoms and has a $10,000 purchase agreement in place. A meeting is taking place today with Ramsell Corporation and the joint SFDPH/SFUSD Committee for Condom Availability to discuss types of condoms that will be distributed, availability, and storage. The discussion will also include ideas on how the schools want DPH to facilitate distribution.

ACCREDITATION AND LICENSURE SURVEYS

- San Francisco General Hospital: The 1992 Consolidated Accreditation and Licensure (CAL) Survey was conducted at San Francisco General Hospital from December 8 to 10 with the Exit Conference at the end of the final day. Overall, the tone of the Exit Conference was very positive and there appears to be no question that the hospital will receive a full three year accreditation. While the final report will not be issued for 90 days, I want to publicly acknowledge the dedication and hard work of the hospital staff in preparing for the survey. Especially noted by the accreditation surveyors was the spirit and pride of the employees. Mr. Richard Cordova is to be commended for the sense of team work he has established at the hospital. I also want to thank Commissioners Chow and Rosenstiel for Joint Conference Committee leadership in this process.

- Laguna Honda Hospital Annual Survey: The annual state licensing and certification survey for Laguna Honda's participation in the Medicare and Medi-Cal programs for both the general acute hospital and the distinct-part skilled nursing facility took place from July 13 to 29th. The hospital received compliments from L&C on the quality of care provided to the residents of Laguna Honda Hospital. Mr. Anthony Wagner and the staff are to be congratulated.

AIDS SERVICES

- New AIDS Definition: In November, after a year and a half of debate, the Centers for Disease Control and Prevention announced plans to go ahead with an expanded AIDS case definition, effective January 1, 1993. The new definition includes HIV-infected persons with CD4 counts less than 200 cells. It also includes persons with recurrent pneumonia, pulmonary tuberculosis, and invasive cervical cancer.

  Throughout the long debate, this Department took the position that: (1) the CDC should adapt a case definition more inclusive of clinical manifestations found in certain populations, such as women and injection drug users; (2) monies should in no way be allocated away from prevention and health service activities in order to support surveillance activities; (3) mandatory HIV reporting activities are not acceptable.

The Department projects that with the new definition the number of persons living with AIDS in San Francisco will nearly triple in the next five years, from 3,568 currently to 9,541 persons by the end of 1997. In 1993 approximately 4,000 to 6,000 new cases are projected, compared to an expected 2,000 cases under the old definition.

In preparation for the change, the Department convened an informational meeting of community leaders including representatives from community based organizations, laboratory directors, physicians, civil rights lawyers, and activists. In addition, the AIDS Office prepared procedures for counting the new cases to insure that San Francisco receives its full share of federal Ryan White CARE dollars.

- Year 3 Ryan White CARE Funding: San Francisco expects to receive a total of $28.4 million in Year 3 of Ryan White CARE funding, approximately $8.8 million more than Year 2. In Year 3 funding, San Francisco has already received $11.4 million dollars in formula funding based on the number of AIDS cases in a metropolitan area and the Department is currently preparing a supplemental application for additional competitive funding of $17 million.

  Of the total $28.4 million in anticipated CARE funding, DPH has requested $7 million to fund an inpatient substance abuse detox unit an innovative model for caring for HIV infected substance abusers which will reduce the need for emergency psychiatric services; and expanded HIV medical services at the primary care health centers, jails and San Francisco General Hospital. The funds will also continue existing DPH CARE funded programs.

  Although the Department's proposals have been approved by the San Francisco Ryan White Committee, the actual funding available for new programs will depend on the competitive component of this grant application. The Committee has made primary care services a top priority for new funding.

- # 1 AIDS Care Hospital: For the second year, San Francisco General Hospital was named as the nation's leading hospital in AIDS care by the US News & World Report in a survey of leading physicians. 61% of the doctors in the specialty ranked SFGH as #1.

- AIDS Ward 86 Renovation: Work is expected to begin soon on renovations in the SFGH Ward 86 to increase critically needed clinic space to relieve overcrowding, meet fire code regulations, and make the ward fully wheelchair accessible. Ward 86 provides outpatient primary care services for HIV-infected persons, including access to on-site specialty services such as psychiatric care, social services, nutritional counseling, dermatology services, phlebotomy and acute drop-in care. Funding for the renovation is provided by SB 1255 disproportionate share revenues which SFGH received as increased Medi-Cal patient revenues in FY 1991-92.

CHILDREN AND YOUTH SERVICES

- DPH Children's Unit: We have begun consolidating existing programs in a new unit to focus on high risk children and youth and their families. Dr. Abner Boles will head this new unit, which includes SPY, Family Mosaic and Family Health. It will organize comprehensive and coordinated services, emphasizing interdepartmental collaboration and partnership with grassroots organizations. The unit is also investigating fiscal strategies that will pool categorical funds and leverage additional federal funds.

- Prop J Funding: The DPH Children's Committee set priorities and designed programs for Prop J children's funds to establish satellite primary care clinics in four neighborhoods, Mission, OMI, Sunnydale/Geneva Towers, and the Tenderloin. The development of these clinics involved active community participation in the planning at each site. These clinics operate two half days a week at a community site. Additionally, Prop J funds were used to expand early mental health care to children at five existing program sites.

- Lead Prevention Program: DPH collaborated with the Coalition to Prevent Lead Poisoning and the San Francisco Medical Society in a landmark study which found one in twelve children tested to be blood lead poisoned. The Department urged all parents and physicians to include blood level testing as part of a child's overall physical examination, including guidelines for testing and reporting cases of lead poisoning for DPH follow-up and case management. Supervisor Shelley sponsored legislation establishing a comprehensive lead hazard reduction program in San Francisco including lead prevention, surveillance and abatement activities. I am very pleased to announce that I have assigned Mr. Jack Breslin to coordinate the DPH Comprehensive Lead Poisoning Prevention Program.

- Family Mosaic Project: The RW Johnson Foundation awarded an additional two-year grant to the Family Mosaic Project. This is the final phase of a five-year grant to provide comprehensive services to emotionally disturbed children and their families. The project provides integrated services through the collaborative effort of DSS, Juvenile Probation, SFUSD, with the Health Department as the lead agency. Today's Health Commission agenda includes the approval of a unique capitated payment agreement with the State.

HOMELESS PROGRAMS

- Tom Waddell Clinic/Federally Qualified Health Center: The Tom Waddell Clinic was certified as a Federally Qualified Health Center (FQHC). FQHC status is conferred on clinics that receive certain categories of federal grant funds and entitles them to full-cost Medicaid reinbursement. Retroactive billings to April 1990 have thus far produced approximately $200,000 in Medi-Cal revenues. Homeless Programs and DSS are now seeking funds to start an SSI Unit at the Tom Waddell Clinic to provide an aggressive SSI and Medi-Cal eligibility component to increase the number of patients qualifying for Medi-Cal.

- Update on Alcohol Drop-in Center: The alcohol drop-in center, approved by the Health Commission in May, opened its doors in August. It currently accommodates up to 20 people at a time. When renovations are complete around the end of this month, the facility will have capacity for 50 people. I am also pleased to report that the neighborhood advisory committee has so far worked very well in helping the program become an integral part of the neighborhood. This cooperation is due largely to the committed work of Dr. Robert Prentice, Director of the Homeless Programs.

TUBERCULOSIS CONTROL PROGRAM

- Update on Reported Cases in 1992: Total reported cases of TB for 1992 were 348, compared to 336 in 1991 and 334 in 1990, indicating a continuing slow but steady increase in reported TB cases in San Francisco. 34 cases (less than 10%) were resistant to at least one drug and 6 cases (less than 2%) were resistant to Isoniazid and Rifamtin. There were no cases resistant to all drugs. Of the multiple drug resistant cases, one has died, two left the city, and three are responding well to treatment.

In order to continue to maintain an aggressive TB control program, the Department and the San Francisco Medical Society co-sponsored a series of community and public TB forums led by panels of medical experts for both lay public and medical professionals. TB screening and treatment protocols were instituted for congregate living sites (HIV residential, homeless shelters, hospitals, and the jails).

The TB screening protocols implemented in the jails have been very successful. All inmates who appear highly suspicious for TB are referred directly SFGH for clearance. High-risk groups in the jails are identified for PPD skin tests and x-rays. The rate of positive skin tests in the jails has been similar to the rate in the general population.

At the request of Supervisor Angela Alioto, I also appointed an Ad Hoc Advisory Committee for the Control and Elimination of Tuberculosis composed of representatives of community agencies, unions, city departments, contract agencies, refugee services, and private sector physicians to advise the Department on strategies and priorities to eliminate TB as a threat in San Francisco. Dr. Gisela Schecter, Director of the Tuberculosis Control Unit and Dr. Sandra Hernandez co-chair the committee.

BREAST CANCER

- Hotlines: In response to Supervisor Jim Gonzalez's inquiry regarding the feasibility of DPH establishing a "hotline" for information on breast cancer, information and referrals for breast and cervical cancer screening were included in a toll free line established through a maternal, child and health grant providing information on various Family Health Bureau services. Services are available in Spanish and Cantonese. Information regarding breast and cervical cancer services offered by SFDPH and S.F. community clinics was also included in the National Cancer Institute's Cancer Information Service Hotline.

WOMEN'S HEALTH

- Advisory Committee: The Women's Health Advisory Committee appointed in August has been meeting regularly and has established three subcommittees to address areas of concern: (1) provider issues, (2) consumer issues, and (3) a model system of care for women. Rather than issue another report on major health care problems among women, the Committee has decided to address issues confronting women as health care consumers. The report will include recommendations for developing a model system of care for women.

SENIOR SERVICES

- DPH Senior Services Committee: I appointed a DPH Senior Service Committee, including managers from all divisions of the Department, co-chaired by Ms. Cynthia Selmar and Mr. Anthony Wagner to advise the Executive Staff regarding policies for seniors, review opportunities for coordinating and integrating senior programs, focus on a continuum of care for seniors, serve as an advocacy group for DPH senior services, and raise the visibility of senior health services.

JAIL MEDICAL SERVICES

- Update: In November I was informed by the Sheriff that the Health Department's role in providing jail medical services was about to be terminated based on a City Attorney opinion that the Sheriff has the authority to designate the providers of jail medical services.

At my request, meetings were convened and a Policy Oversight Committee, involving DPH, was established to evaluate service delivery alternatives and determine the most appropriate course of action for the City. While a draft RFP has been developed, at this time, it is unclear what course of action will be taken regarding the provision of jail medical and psychiatric services in FY 92-93. Dr. Larry Meredith, Deputy Director of Operations and Acting Director of Forensic Services will be overseeing these activities.

SPECIAL CULTURAL SKILLS WAIVER

- Cultural Competency: The City Attorney issued a long-awaited opinion on the Department's request for an African American health service specialist waiver, similar to existing DPH language and gay/lesbian waivers, to increase culturally sensitive health services. The opinion provides for cultural waivers based upon demonstrated cultural skills and abilities, not race. We expect to submit a revised request to Civil Service and the City Attorney later this month. I want to acknowledge the critical role that Commissioner Jackson is playing in this process. The Division of Mental Health and Substance Abuse has already created a Cultural Competency Committee. Flo Stroud will work with the DPH EEO Office to create a similar department-wide committee.

CAPITAL PROJECTS

- Mental Health Skilled Nursing Facility: Construction of the long awaited mental health facility at San Francisco General Hospital began in late September. At this time, the project is on schedule to be completed by July 1994. The facility is expected to officially open in December 1994 with intake of patients scheduled for January 1995.

- Laguna Honda Facilities Bond: The bond measure proposed for the November ballot to replace the Laguna Honda Hospital facility was tabled at the request of the Mayor. The Mayor indicated his absolute commitment to support this bond measure in November 1993. The plan for rebuilding Laguna Honda is currently being expanded to include integration with a full continuum of home and community-based long term care services. In the meantime, the Department continues to look at cost-reducing alternatives and to work with various community groups concerning long term care and services to the elderly.

- SFGH Parking: Late in the year, it was learned there may be a substantial delay in the construction of a parking facility near San Francisco General Hospital to alleviate the parking problems in the neighborhood due to the inability of the PUC and Muni to relocate from the site at 24th and Utah. The parking facility was supposed to be coincide with the completion of the mental health skilled nursing facility. The Department will continue discussions with the Mayor's Office and the PUC.

- Proposition D: Our revenue bond proposal, initiated by SFGH, to amend the City's Charter to facilitate state and federal reimbursements for lease financing of capital improvements and equipment acquisition narrowly missed voter approval by .3%. The Department plans to submit the measure for voter approval in 1993.

125TH ANNIVERSARY CELEBRATION

- Laguna Honda Hospital: Starting in February, Laguna Honda Hospital celebrated its 125th anniversary with various activities throughout 1992 which culminated in the lighting of the hospital's tower in December.

COMBINED CHARITIES CAMPAIGN

- Results of 1992 Campaign: The final report of the 1992 campaign indicates that once again the employees of Laguna Honda Hospital led all city contributors ($43,440), followed by the employees of San Francisco General Hospital ($32,208). As a total department, DPH employees were # 1 with total contributions of $102,000, almost three and one-half times more than the second place department. Congratulations to the Department employees and Division captains, and to Ms. Wendy Ho Iwata, the campaign coordinator for DPH.

WELCOME TO 1993

- A new Mission and Vision for the Future: As we begin 1993, the public health care system as we know it faces an uncertain environment. At both the state and federal levels, government continues to renege on its fundamental responsibility for the health and welfare of the people, and now, in the face of budget deficits, casts about for solutions with new names such as realignment, managed care, managed competition.

  In order to meet these challenges, the Department of Public Health developed new mission and vision statements for your consideration and approval. This month, the Department began a series of townhall meetings with our Advisory Groups, contract agencies, and DPH employees to discuss the critical changes that will shape the future of public health services in San Francisco, and review the proposed mission and vision statements. It is anticipated the Health Commission will invite public discussion and adopt the mission and vision statements in March.

  The new mission and vision statements are the first step in our strategic management and planning process for the future direction of the San Francisco Department of Public Health. These statements will guide the Department in the budget process for FY 1993-94.

  As the Department prepares for the many critical issues facing the Department in 1993 and the foreseeable future, I want to thank you for the opportunity to serve as the Director of Health in San Francisco. I also need to acknowledge the Department of Public Health staff for their commitment and hard work in a continuing climate of uncertainty. A year ago, I stated that San Francisco had a public health department that was not only unique, but one that could be the best. I still firmly believe this. It will not be easy but as we begin the process of change; we can either be led, or be leaders. I believe that together we can take control and design a system that is in the very best interests of the clients we have traditionally served.

5) ANNUAL REVIEW OF POLICIES/PROCEDURES (RULES OF ORDER) OF THE HEALTH COMMISSION

President Underwood announced that any proposed amendments to the policies/procedures (Rules of Order) of the Health Commission will be calendared for approval at the January 26, 1993 meeting.

Commissioner Chow proposed the following amendment (underlined):

Page 5 - **Recess During a Meeting**

The Commission meeting may have a 10-minute recess at the discretion of the President.

Deputy City Attorney Paula Jesson proposed the following amendment (underlined):

Page 6 - **Items to be Heard by the Commission**

Only matters that have been calendared will be heard by the Commission at any meeting, unless action on the item is authorized under the Brown Act.

6) PROGRESS REPORT ON THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA AND THE CITY/COUNTY OF SAN FRANCISCO

Dr. Baxter reported that negotiations between UCSF and DPH on the Affiliation Agreement have been ongoing for over a year. The purpose and goals of these negotiations have been a mutual and joint effort of both parties. Contrary to recent publicity in the press on UCSF's issue of space in the City, the negotiations on the Affiliation Agreement are not being used as leverage on the space issue.

Susan Ehrlich, DPH Planning & Budget Director, and Richard Cordova, Executive Administrator of SFGH, presented a comparison document (available in the Commission Office), delineating the issues executed in 1959 in comparison to the new draft agreement being developed over the past year. This comparison points out the dramatic changes in the health care environment since 1959 in terms of cost, complexity, legalities, and budget restraints. Also, this comparison points out the new draft is focused on delineating and clarifying the roles, responsibilities, and mechanisms of accountability for each party that have become so critical to administering SFGH since 1959.

Mr. Cordova would like to conclude all negotiations within a month and bring a final proposed agreement to the Commission for consideration in March.

Commissioner Kaufman raised her concern on the evaluation of services provided through the Affiliation Agreement. Mr. Cordova reported that SFGH's Continued Quality Improvement (CQI) procedures required by JCAHO will address quality assurance/evaluation issues.

Commissioner Castaneda inquired as to the history of data reflecting the affirmative action hiring policies of the University. Dr. Baxter reported that the Department has information on distribution of the work force.

Dr. Baxter acknowledged the legal work of Deputy City Attorney Paula Jesson in these negotiations.

7) PUBLIC HEARING ON DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE FY 1991-93 ACTION PLAN STATUS REPORT AND 1993-94 ACTION PLAN

Jeffrey Jue, LCSW, Deputy Director for Mental Health and Substance Abuse, presented the following overview of the Mental Health and Substance Abuse FY 1992-93 Action

Plan Status Report and FY 1993-94 Action Plan, (full report available in the Commission Office):

The fall of 1990 marked the beginning of serious State budget deficits that have had a major impact on the operations of the City's Division of Mental Health and Substance Abuse Services. Ongoing economic problems at the State and County levels will continue to drive activities in the Division and require rapid system changes. With the City currently projecting a $100 million deficit in FY 1993-94, it is probable that the organization of the system will change and the capacity of the system will continue to be reduced.

Planning in DMS focuses on using resources more effectively to serve the Division's target populations. Six major issues have been identified around which planning activities are currently organized and will continue to be organized through FY 1993-94:

1. DMS: System Integration. Integrating and unifying the services of the Division both internally and with the services of other Divisions and other Departments will provide more consumer friendly services and allow DMS to use resources more effectively.

2. DMS: Client Outcomes. The work of the Division will focus on developing client outcomes as a measure of system effectiveness.

3. DMS: Target Populations. DMS will focus attention on the clear definition of priority target populations to better focus utilization of resources.

4. DMS: Culturally Competent System of Care. DMS will continue to develop and maintain a service system that is able to meet the cultural needs of the diverse ethnic and lifestyle populations in San Francisco.

5. CMHS: Consumer Guided. While substance abuse services have traditionally incorporated those in recovery in both program planning and delivery, mental health services have not. Mental health services must be guided by consumer needs and values in their design and development.

6. CMHS: Long-Term Care Plan. The long-term care plan for the mentally disabled is based on the premise that a significant proportion of the system's target population will need services over an extended period of time, and in some cases for the rest of their lives.

The status reports included a listing of items completed, deleted, or delayed and items currently in process and those that DMS expects to begin or continue into FY 1993-94.

President Underwood commended the staff for its fine work and expressed her appreciation for the format of what has been completed, deleted, or delayed.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $35,000 FOR MAERINA V. CCSF, SUPERIOR COURT #891-377.

Action Taken: The Commission approved the recommended settlement for Maerina v. CCSF, Superior Court #891-377.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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AGENDA

HEALTH COMMISSION MEETING

January 26, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 12, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a request for a surplus transfer for Toxicology Laboratory.

(3.2) Consideration of a Memorandum of Understanding which establishes and describes the process that will be followed by the Regional Water Quality Control Board, Cal-EPA, Catellus, and the City for the regulatory oversight of the investigation and remediation of hazardous materials released at the Mission Bay Project.

(3.3) Consideration of a supplemental for HIV Primary Care and Bureau of Environmental Health Services consolidation.

(3.4) DMS - CSAS - Multiyear contract renewal with The Salvation Army, a California Corporation, c/o Salvation Army Harbor Light Center, in the amount of $636,936/first year to provide residential alcoholic recovery services for the period July 1, 1992 through June 30, 1996. (DPH contracted with The Salvation Army for services totaling $671,709 in FY 1991-92.)

(3.5) DMS - CMHS - Approval of a resolution to enter into an agreement with the City College of San Francisco to establish a Wellness Clinic at the Alemany Campus in the Tenderloin district and to indemnify and hold harmless the City College of San Francisco.

(3.6) DMS - CMHS - Adult Acute - Renewal contract with Saint Francis Memorial Hospital in the amount of $104,500 to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1992 through June 30, 1993. (DPH contracted with Saint Francis Memorial Hospital for services totaling $100,000 in FY 1991-92.)

(3.7) CHS - EMS Agency - Request to apply for, accept and expend a new grant in the amount of $133,920 from the State EMS Authority to provide for the Pediatric Coalition to develop pediatric training materials for California Paramedic Training Programs for the period of June 25, 1993 to June 24, 1994, and a sole source and contract approval request with the University of California San Francisco in the amount of (not to exceed) $124,320 for the Pediatric Coalition Paramedic Pediatric Education Subcommittee to develop a printed, complete, state-of-the-art instruction Manual, appropriate reference and illustrated slide set, based on the approved curriculum. (DPH has contracted with UCSF for services totaling $5,553,754 to date in FY 1992-93, exclusive of the affiliation agreement.)

(3.8) C.O. - Toxics - New contract with Accutite Environmental Engineering, for an amount not-to-exceed $100,000, to provide underground storage tank (UST) monitoring, maintenance and as-needed environmental assessments and remediation services for the period of one year from the City Controller's certification.

(3.9) Status report on the contract with California Prostitutes Education Project.

(3.10) Consideration of a resolution regarding the Salary Standardization, 1993-94, proposed new benchmark: Class 1168 Director of Health.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION POLICIES/ PROCEDURES (RULES OF ORDER)**

6) **ELECTION OF COMMISSION PRESIDENT AND VICE PRESIDENT**

7) **PUBLIC HEARING ON FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

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To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Arthur M. Jackson
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 26, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Paul Rosenstiel, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Paul Rosenstiel

Vice President Rosenstiel announced that Mayor Frank Jordan this morning appointed two new Health Commissioners:

Keith I. Marton, M.D., F.A.C.P.
Associate Chairman, Department of Medicine, California Pacific Medical Center (replacing Patricia R. Underwood, R.N., D.N.Sc.)

Melinda L. Paras
Deputy Executive Director, Shanti Project (replacing Edward A. Chow, M.D., at the end of February).

Vice President Rosenstiel introduced and welcomed the two new Commissioners. He acknowledged the strong leadership and of hard work Dr. Underwood and Dr. Chow during their tenure. (Note: there will be a formal appreciation to the outgoing Commissioners at a future meeting.)

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 12, 1993

Action Taken: The Commission adopted the minutes of January 12, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a request for a surplus transfer for Toxicology Laboratory.

(3.2) Consideration of a Memorandum of Understanding which establishes and describes the process that will be followed by the Regional Water Quality Control Board, Cal-EPA, Catellus, and the City for the regulatory oversight of the investigation and remediation of hazardous materials released at the Mission Bay Project.

Commissioner Ludington expressed concern that the principles and policies should be specifically included in the MOU. Commissioner Kaufman is concerned that the role of the Department may become larger than funds and resources already allocated.

Dr. Larry Meredith, Deputy Director of Operations, reported the Department will provide a 3-month progress report on the program and the workload.

Public Speaker: Marvis Phillip

(3.3) Consideration of a supplemental for HIV Primary Care and Bureau of Environmental Health Services consolidation.

(3.4) DMS - CSAS - Multiyear contract renewal with The Salvation Army, a California Corporation, c/o Salvation Army Harbor Light Center, in the amount of $636,936/first year to provide residential alcoholic recovery services for the period July 1, 1992 through June 30, 1996. (DPH contracted with The Salvation Army for services totaling $671,709 in FY 1991-92.)

Public Speaker: Marvis Phillip

(3.5) DMS - CMHS - Approval of a resolution to enter into an agreement with the City College of San Francisco to establish a Wellness Clinic at the Alemany Campus in the Tenderloin district and to indemnify and hold harmless the City College of San Francisco.

Public Speaker: Marvis Phillip

(3.6) DMS - CMHS - Adult Acute - Renewal contract with Saint Francis Memorial Hospital in the amount of $104,500 to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1992 through June 30, 1993. (DPH contracted with Saint Francis Memorial Hospital for services totaling $100,000 in FY 1991-92.)

Commissioner Kaufman noted that since she has been on the Commission, this contractor has not been in compliance with Commission policy on affirmative action for the Board and staff. She would like to know why this contractor does not change its bylaws. She referred this issue to the Joint Conference Committee on Mental Health, Substance Abuse and Forensics.

(3.7) CHS - EMS Agency - Request to apply for, accept and expend a new grant in the amount of $133,920 from the State EMS Authority to provide for the Pediatric Coalition to develop pediatric training materials for California Paramedic Training Programs for the period of June 25, 1993 to June 24, 1994, and a sole source and contract approval request with the University of California San Francisco in the amount of (not to exceed) $124,320 for the Pediatric Coalition Paramedic Pediatric Education Subcommittee to develop a printed, complete, state-of-the-art instruction Manual, appropriate reference and illustrated slide set, based on the approved curriculum. (DPH has contracted with UCSF for services totaling $5,553,754 to date in FY 1992-93, exclusive of the affiliation agreement.)

(3.8) C.O. - Toxics - New contract with Accutite Environmental Engineering, for an amount not-to-exceed $100,000, to provide underground storage tank (UST) monitoring, maintenance and as-needed environmental assessments and remediation services for the period of one year from the City Controller's certification.

(3.9) Status report on the contract with California Prostitutes Education Project.

Public Speaker: Marvis Phillip

(3.10) Consideration of a resolution regarding the Salary Standardization, 1993-94, proposed new benchmark: Class 1168 Director of Health.

Commissioner Jackson expressed his appreciation to Mr. Gazzano for bringing this issue to the Commission's attention, because the Commission feels strongly that San Francisco's Director of Health position, in its scope of responsibilities, is far greater than other County Health Director positions.

Commissioners voted to adopt Resolution #1-93 (Attachment A), Resolution Responding to the Civil Service Commission's Proposal to Establish Class 1168 Director of Health as a Benchmark Class for Salary Standardization for Fiscal Year 1993-94.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION

- Welcome New Commissioners: This morning, Mayor Frank Jordan appointed a new member of the Health Commission, Dr. Keith Marton, Associate Chairman and Associate Program Director of the Department of Medicine, California Pacific Medical Center. The Mayor also announced he would appoint Ms. Melinda Paras, Deputy Director of the Shanti Project in February. Dr. Marton and Ms. Paras are replacing Dr. Patricia Underwood and Dr. Edward Chow whose terms are expiring. I want to welcome both to the Health Commission.

  On behalf of the entire Department, I would also like to extend our appreciation to Dr. Patricia Underwood and Dr. Edward Chow for their dedication and superb guidance during the last four years. Both served as President and provided strong leadership and oversight at the Commission level and as Chairs of the Joint Conference Committees. Dr. Underwood chaired the Mental Health Joint Conference Committee and Dr. Chow chaired the Joint Conference Committees of both Laguna Honda Hospital and San Francisco General Hospital.

ADMINISTRATION

- Managed Care: On January 13, 1993 the State Department of Health Services (DHS) released its Draft Strategic Plan for the Transition of Medi-Cal to Managed Care. DHS is soliciting comments from all "stakeholders" through five regional strategic plan hearings throughout the State over two days. The hearing for the San Francisco region will be held Wednesday, January 27, 1993, from 10 am - 2 pm at the Auditorium, Edmund G. (Pat) Brown Building, 505 Van Ness Avenue.

I will be providing oral and written testimony for the Department of Public Health in partnership with the West Bay Hospital Conference - San Francisco Section, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium. I will address five main issues:

(1) Inadequate time for development and implementation;

(2) Inadequate provisions for local resources to develop the plan, particularly in light of state budget cuts;

(3) Failure to acknowledge the Medi-Cal program's critical link to care to the indigent unsponsored and public health services;

(4) Forced choice between two limited options; and

(5) Inadequate assessment of the Consortium model.

Anyone who wishes to provide comment and cannot attend the hearing may direct written comments to the State Medi-Cal Managed Care Division. The State's final plan is expected to be released on February 8, 1993.

- Voluntary Work Furlough: The effort to determine the interest of city employees in voluntary unpaid furloughs continues with a new deadline set for this Friday, January 29. As of January 22, 224 DPH employees have expressed interest in time off without pay equaling approximately $194,000 in salary savings. The Health Department's proposed target for mandatory work furlough was $3 million. This week, a joint City/labor marketing campaign will occur throughout departmental worksites.

- Update on Jail Medical Services: I have continued to meet with the offices of the Mayor, District Attorney and Sheriff to explore the best way to provide jail health care services consistent with the City Attorney's opinion that the Sheriff "possesses the authority to designate providers of jail medical services".

  While many issues remain, I am confident about the progress to date. In the near future, I will be meeting with Sheriff Hennessey to further define the relationship between the Sheriff and Health Department.

- Appointment of Director, Office of Contract Management: I am pleased to announce that Ms. Hope Kamimoto has been appointed Director of the Department's Office of Contract Management. Ms. Kamimoto, who has been serving as the Acting Director and served as Assistant Director for six years, brings a wealth of contract knowledge and expertise to this position.

SAN FRANCISCO GENERAL HOSPITAL

- Hospital Diversion: Five hospitals report a significant increase in Critical Care diversion for the month of December, CPMC-CC (0% to 9%), CPMC-PC (1% to 10%), Kaiser (1% to 13%), St. Francis (2% to 11%), and SFGH (21% to 45%). St. Luke's reports a decrease in Critical Care diversion (10% to 2%). Total diversion reports a slight increase for Kaiser, from 3% in November to 7% in December.

Service demands and acuity continue to result in high levels of Critical Care diversion at San Francisco General Hospital. I had asked Mr. Cordova earlier to review procedures to determine the cause and make recommendations to reduce critical diversions. As a result, the hospital plans to fund two additional ICU beds in the 1993-94 budget. In addition, planning is taking place to consolidate the step-down units, allowing the hospital to utilize ICU beds more efficiently.

- Dedication of OB/GYN Ward: On December 22, 1992, a third delivery room was formally opened at San Francisco General Hospital and dedicated to Dr. James R. Green, Chief of Obstetrics Service, in honor of his years of service and his decade of persistent hard work to add another delivery room to accommodate the more than 2,000 births each year at SFGH. In one of its first acts as a working team, the Maternal Child Health Cluster unanimously selected Dr. Green as the recipient of this honor. The project was funded by a state grant.

LAGUNA HONDA HOSPITAL

- Cal-OSHA Review of Tuberculosis Policies and Procedures: Cal-OSHA has completed a review of Laguna Honda Hospital's tuberculosis policies and procedures as part of an investigation of an employee complaint regarding possible exposure to tuberculosis from a patient. The Cal-OSHA review interviewed staff, viewed the isolation rooms and reviewed all hospital policies and procedures, and the documentation of the air exchanges in the isolation rooms, as well as the care provided to the patient. The inspection found that LHH was in compliance with all applicable OSHA standards for tuberculosis.

COMMUNITY PUBLIC HEALTH SERVICES

- Rescinding of "Gag" Rule: On Friday, January 22, 1993, President Clinton signed an Executive Order that withdrew the onerous "Gag Rule" implemented by then President Reagan in 1988. This means that all agencies that receive Title X, Federal Family Planning funds, including DPH, no longer have to conform to any restrictions regarding referrals for abortions. All court cases, appeals and litigation have ceased.

  This action by President Clinton fulfilled a campaign promise and occurred on the 20th anniversary of the Roe v. Wade case legalizing abortion.

- AIDS Statistics on SF Deaths: Last week the AIDS Office worked with the Bay Area Reporter (BAR) to correct their front page story that the recent announcement by Mayor Jordan of the 10,000th AIDS related death in San Francisco was not true and the correct number was 11,033 deaths among gay and bisexual adults in San Francisco. As correctly reported by the Mayor, the 10,000 death reported in San Francisco occurred on January 7, 1993.

  The number of San Francisco deaths quoted in the BAR may have been confused with the total number of AIDS cases among gay and bisexual adults in San Francisco or AIDS deaths among gay and bisexual men in the entire Bay Area.

  The AIDS Office has reviewed the SF statistics with the BAR and has asked for a correcting article.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Residential and Day Treatment Services for African American and Latino Youth: Community Substance Abuse Services issued an RFP on January 15 for residential and/or day treatment services for African American and Latino Youth. Two separate programs are expected to be funded. Emphasis will be placed on providers' ability to coordinate services and leverage other funds. Selection of contractors will take place in March. It is anticipated the proposed contracts will be ready for review by the Health Commission in April. The funding of these programs represents fulfillment of a longstanding need in these communities and will provide increased access to treatment as the needle exchange program expands.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Hazardous Materials Emergency Response Training: Starting on January 18, the Department of Public Health is conducting two weeks of Hazardous Materials Training for Fire Department and other city staff. The purpose of this training is to provide regulatory operational knowledge, skills and ability for emergency responders. Part of the exercise will include a field exercise on January 29 involving a Recreation & Park facility. The Mayor's Office of Emergency Services, and the Department of Public Health's Emergency Medical Services and Paramedic Services will also participate.

NOVEMBER STATISTICS

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	315
Newborn Nursery:		21
Actual Patient Days	(except newborns):	9,781
Newborn Nursery:		633
Admissions	(except newborns):	1,488
Newborn Nursery:		166
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,059
Newborn Nursery:		656
Discharges	(except newborns):	1,455
Newborn Nursery:		165

Outpatient Visits

Primary Health	
Family Health:	2,616
General Medicine:	1,915
Pediatric:	2,582
OB/GYN:	2,297
Specialty Clinics:	8,979

Emergency Visits

Emergency Room:	6,580
Psychiatric Emergency Services:	368

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	910
Health Center #2:	260
Health Center #3:	402
Health Center #4:	778
Health Center #5:	565
Tom Waddell Clinic:	2,832
Potrero Hill Health Center:	407
Southeast Health Center:	524
Special Programs for Youth:	1,764
TOTAL VISITS:	8,442

Disease Control

TB Clinic:	1,844
City Clinic:	1,985

All other November statistics were reported in December.

DECEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 12/31/92)

Total San Francisco cases:	13,503
Total San Francisco deaths:	9,968
Total S.F. cases for December:	153
Total S.F. deaths for December:	179

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	315
Newborn Nursery:	20
Actual Patient Days (except newborns):	9,776
Newborn Nursery:	605
Admissions (except newborns):	1,521
Newborn Nursery:	182
Average Length of Stay (except newborns):	7
Newborn Nursery:	3
Discharge Patient Days (except newborns):	10,252
Newborn Nursery:	606
Discharges (except newborns):	1,537
Newborn Nursery:	185

Outpatient Visits

Primary Health	
Family Health:	2,695
General Medicine:	1,842
Pediatric:	2,535
OB/GYN:	2,521
Specialty Clinics:	8,929

Emergency Visits

Emergency Room:	6,455
Psychiatric Emergency Services:	N/A

- Laguna Honda Hospital

Average Daily Census:	1,100
Acute Services:	9
Clarendon Hall:	164
AIDS SNF:	10

- Mental Health

SFGH/Acute Psychiatric Beds:	77
(14 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	2

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,006
Health Center #2:	317
Health Center #3:	695
Health Center #4:	1,248
Health Center #5:	788
Tom Waddell Clinic:	3,184
Potrero Hill Health Center:	510
Southeast Health Center:	675
Special Programs for Youth:	2,024
TOTAL VISITS:	10,447

Disease Control

TB Clinic:	2,046
City Clinic:	1,965

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, I approved the following appointments and reappointments of SFGH Medical Staff for December 1992:

Appointments to the Active Staff:	8
Reappointments to the Active Staff:	4
Appointments to the Courtesy Staff:	8
Reappointments to the Courtesy Staff:	19
Appointments to the Affiliated Staff:	0
Reappointments to the Affiliated Staff:	3

Details are available in the Commission Office.

- Laguna Honda Hospital: On behalf of the governing body, I have approved medical staff applications for one physician,

Details are available in the Commission Office.

The third quarter Quality Assurance Reports for the Emergency Medical Services Agency for the period January/September 1992 is being submitted to the Commission Office.

5) CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION POLICIES/ PROCEDURES (RULES OF ORDER)

Vice President Rosenstiel reported that at the January 12, 1993 Commission meeting, two amendments to our Rules of Order were suggested. President Underwood had announced that the Commission would vote on these amendments on January 26, 1993. The proposed amendments (underlined) are:

Page 5 - **Recess During a Meeting**

The Commission meeting may have a 10 minute recess at the discretion of the President.

Page 6 - **Items to be Heard by the Commission**

Only matters that have been calendared will be heard by the Commission at any meeting, unless action on the item is authorized under the Brown Act.

Action Taken: The Commission adopted the amendments to the Commission Rules of Order.

Vice President Rosenstiel acknowledged the presence of Board of Supervisors President Angela Alioto and welcomed her to the Health Commission meeting.

6) ELECTION OF COMMISSION PRESIDENT AND VICE PRESIDENT

Commissioner Kaufman nominated Commissioner Jackson for President. The nomination was seconded by Commissioner Chow.

Action Taken: The Commission unanimously elected Commissioner Jackson as President of the Health Commission.

Commissioner Castaneda nominated Commissioner Rosenstiel for Vice President. The nomination was seconded by Commissioner Chow.

Action Taken: The Commission unanimously elected Commissioner Rosenstiel as Vice President of the Health Commission.

7) PUBLIC HEARING ON FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET

Dr. Baxter made the following presentation on the working document for the proposed 1993-94 Department of Public Health budget: (documents are in the Commission Office.)

I have attached a revised report on the proposed 1993-94 budget for the Department of Public Health. This report includes proposed reductions pursuant to the Mayor's Office instructions totaling nearly $32 million in revenue enhancements, and various administrative, operating, and service reductions. (Attachment B).

This report can be best described as a work in progress. City departments have been asked to develop budget reduction proposals within a short time frame. As a result, out staff is still working to define the budget detail and we anticipate reporting to the Commission on a regular basis as we work with our advisory groups to refine the proposals and plans envisioned in this document.

I have included a summary of our previous reductions and the overall direction we took in preparing this document in the attached revised document. This letter summarizes the major proposals we are bringing forward to you today. The Department is providing you an index of the DPH 1993-94 General Fund Reduction Proposals. Overall, I believe we have worked as creatively as possible to increase revenues and reduce our administrative and operating costs to maintain services that are consistent with our draft Vision and Mission Statements.

Revenue Enhancements

The Department achieved a total of $11.5 million in revenue proposals, going well beyond our initial expectations. In part, Divisions achieved this by working closely together to maximize every available revenue source and improve patient services. For example, SFGH and LHH have each improved their revenues by reducing decertified days at SFGH and moving patients more quickly to LHH. In addition, each Division examined every opportunity to maximize revenues. SFGH includes several business plans to improve patient services and maximize revenues in the operating room, the emergency room, the diagnostic center, and Ob/Gyn, resulting in a net revenue of $1.42 million. LHH is improving its billing for ancillary services, resulting in net revenues of $1.2 million. CPHS is increasing its case management revenues by $1.5 million by taking advantage of a new State Medi-Cal program (SB 910).

Administrative and Operating Reductions

Nursing, medical and administrative staff worked together to develop innovative proposals to meet and exceed administrative reduction targets and minimize service impacts. The DPH proposes to take $13.2 million in administrative reductions in 1993-94. We are exceeding our targets in order to invest in critically needed management information systems for managed care and facilities maintenance needs reduced in the current year. The description of these cuts also does not include a significant reorganization and consolidation we are making in the business and operations areas of CPHS, AIDS, and CHS Administration that should greatly improve the efficiency of our operations in those areas. Nor does it include the consolidation of our programs for high risk children and youth, which I have reported to you previously.

The net administrative reduction in the DPH totals $11 million. Throughout the DPH, Divisions have looked creatively at how to reduce operating costs. One area that Divisions have explored extensively across the Department is skill mix. By using lower cost professional and paraprofessional staff under appropriate professional supervision, we are hoping to preserve much of our core services. In a number of cases it is possible that there may be some scaling back of the scope or quality of care. As we operationalize these proposals, we will attempt to minimize as much as possible any changes in the quality of care. In total, the DPH is proposing nearly $1 million in skill mix savings.

In other areas, SFGH has committed to taking $2.2 million in cuts in finance and administrative cuts, most of which are still in the process of being detailed. These cuts are possible through increased automation of and efficiencies in its patient accounts area and a complete examination of the administrative structure at the hospital. In addition, the SFGH Pharmacy is committed to reducing $1.4 million, through the use of prime vendors and group purchasing opportunities.

Beginning in 1992-93, LHH is completely re-examining its operations and has both increased its census by increasing the occupancy rate and reduced staffing and skill mix. In order to reduce its administrative costs it has made cuts in nursing administration and other patient support areas. It is in the process of defining additional staff cuts totaling $2 million that it is currently managing through its hiring plan.

Forensic Services is proposing about $785,000 in reductions through changing the staffing patterns in the jails as well as making other operating cost reductions.

CPHS is achieving administrative savings through a number of consolidations -- in the administration of its homeless programs, in epidemiology and disease control, and by eliminating its home health agency and negotiating those services with contract agencies providing similar services. The AIDS Office is making similar changes -- by consolidating 23 of its 117 health service contracts, it plans to save $1.2 million, or about 4% of its budget in this area.

Service Reductions and Changes

Our biggest challenges will be in restructuring services at the same time that we need to make major reductions. The following is a list of major initiatives proposed in this budget.

SFGH is proposing to make changes to the Paramedic Division in order to save an estimated $1.2 million, or the bulk of its General Fund contribution. The major changes proposed are to change the relationship with the private providers to handle more less emergent calls and to make changes in the City's EMS policies in order to change the way all providers respond to less emergent calls. The hospital is working with the EMS Agency and going through its public process to make these changes.

The hospital is also proposing to close a 20 bed psychiatric unit. These patients are currently waiting for a bed at a lower level of care. The Psychiatric Department is working with the Division of Mental Health to plan for this reduction and transfer patients appropriately. There would still be 60 acute psychiatric beds at SFGH.

The DMSF budget contains major cuts to mental health and substance abuse services. This is necessary because so much of the Department's General Fund is concentrated in those areas. These proposals represent a 20% reduction in adult community mental health services, or over 2,500 adult patients. At the same time, mental health services are being completely restructured in a way that we believe will better serve the remaining clients. Community Mental Health Services, in conjunction with its advisory groups and contracting organizations, has continued planning for and making major delivery system changes that involve service consolidation and moving to a rehabilitation service model, with clustered services designed to provide greater continuity of care at the least restrictive level. This budget proposal continues that restructuring. It will need intensive refinement and implementation planning in the coming months, with the full and active participation of our staff, clients, providers, and communities.

Community Substance Abuse Services proposes to narrow access into the service system since it has now reached maximum capacity within available funds. It

is also attempting to maintain its residential treatment services as much as possible. As a result, it proposes reductions in methadone detoxification, prevention, and training. I have asked the Deputy Director for Mental Health and Substance Abuse to undertake a complete top-to-bottom review of all program priorities and funding sources for substance abuse services.

The AIDS Division is proposing several service reductions in lower priority prevention areas. In general, the AIDS Division is attempting to focus its prevention efforts more on one-on-one interventions for high-risk populations. The reductions proposed include provider training, media consultation, and community events. These reductions total about $225,000.

We face some difficult challenges over the next six months. The Department is committed to continue working with our advisory groups to better define these proposals, to develop appropriate implementation plans and to report back to the Commission on a regular basis.

Dr. Baxter emphasized to the Commission that this initial $32 million reduction within DPH does not address the potential State and Federal cuts. Although he feels the proposed administrative cuts are responsible, he pointed out to the Commission two areas of concern: 1) information systems/capital equipment costs, and 2) administrative infrastructure. His priority is to maintain access to primary care in a managed care system.

President Jackson called on Board of Supervisors President Angela Alioto to say a few words. President Alioto congratulated Commissioner Jackson on his election as President of the Health Commission. She stated her concern for health services and her willingness to make sure health does not get reduced.

The Commission took a 5-minute recess.

President Jackson invited members of the public to submit written testimony during the week. He requested public speakers to consolidate their number of speakers and to avoid repetition in their testimony.

Public Speakers:

Florrie Burke, Center on Deafness
Frank Lester, Center on Deafness
Bill Buster, Center on Deafness
Karla Bernstein, Center on Deafness
Michelle Aldrich, Drug Abuse Advisory Board
Alfonso Acampora, Walden House
Gregory A. Senegal, Drug Abuse Advisory Board
Gloria Benavides, Latina Task Force
Barry Lawlor, Haight-Ashbury Free Clinics
Barry Malton, McMillan Drop-In Center
Lucy Grau, Mission Council on Alcohol Abuse for Spanish Speaking
Sherrie Rosenberg, SFGH-CAB Psychiatric Services
Eve R. Meyer, S.F. Suicide Prevention
Peter Jamero, Asian American Recovery Services
Enola Maxwell, Potrero Hill Neighborhood
Freddie Goins, CAL-PEP
Austin Thompson, Bayview Hunter's Point Foundation
Michael Blecker, Swords to Plowshares
Peggy O'Grady, Catholic Charities
Alfred Sellers, Jr., Westside Tenderloin Detox Program

Dr. Baxter reported that as the Department continues its consolidations and realignment of programs and services, he will bring back to the Commission more specifics.

At the February 2, 1993 Commission meeting, the Commission will make a decision on the proposed 1993-94 DPH Baseline Budget.

8) OTHER BUSINESS/PUBLIC COMMENTS

Other Business:

The Department requested the Commission to consider adding the following to today's agenda:

> Declaration of Emergency Condition, Supplemental Appropriation of Funds Pursuant to SB 1255 (Chapter 996, 1989).

Due to the emergency nature of this item, the Department took this to be Board of Supervisors yesterday (Monday, January 25) for approval.

Action Taken; The Commission voted to add this item to the agenda, due to the emergency nature and that this item came up after the agenda was sent out.

Action Taken: The Commission ratified the Supplemental Appropriation of Funds Pursuant to SB 1255 (Chapter 996, 1989), which was approved by the Board of Supervisors on January 25, 1993.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-93

RESOLUTION RESPONDING TO THE CIVIL SERVICE COMMISSION'S PROPOSAL TO ESTABLISH CLASS 1168 DIRECTOR OF HEALTH AS A BENCHMARK CLASS FOR SALARY STANDARDIZATION FOR FISCAL YEAR 1993-94

WHEREAS, the Health Commission was notified on December 22, 1992 that the Civil Service Commission's staff has proposed that Class 1168 Director of Health b utilized as a benchmark class for salary standardization for fiscal year 1993-94; and,

WHEREAS, the Charter requires the Civil Service Commission conduct a comprehensive survey of basic pay rates in other governmental jurisdictions for like work and like service based upon job classifications and make its findings as to what is the generally prevailing basic pay rates for each benchmark class; and,

WHEREAS, The Health Commission has reviewed job data for County Health Director positions for the Counties of Alameda, San Mateo, Santa Clara, Marin, Contra Costa, Orange and San Diego; and,

WHEREAS, the Health Commission has determined, based on this information, that County Health Director positions in those Counties are not comparable in terms of like work and like service to the San Francisco Director of Health position for purposes of salary comparison; and, therefore, be it

RESOLVED, that the Health Commission does not concur with the Civil Service Commission's proposal to establish Class 1168 Director of Health as a benchmark class for salary standardization for fiscal year 1993-94; and, be

FURTHER RESOLVED, that the Health Commission respectfully requests that the Civil Service Commission reconsider its proposal to establish Class 1168 Director of Health as a benchmark class.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, January 26, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A

Department of Public Health
Proposed 1993-94 Baseline Budget with Expenditure Reductions

Expenditure & Revenues	1992-93 Revised DPH Budget	Estimated Baseline Adjustments	1993-94 Estimated Baseline Budget	Revenues & Assoc. Expend. Adjustments	Admin. & Operating Adjustments	Service Adjustments	1993-94 Proposed Department Budget
DEPARTMENT OF PUBLIC HEALTH							
Total Expenditures	$621,048,724	$36,273,212	$657,108,073	$0	($11,018,898)	($9,481,487)	$636,607,688
Revenues	$448,339,017	($1,239,148)	$447,099,869	$11,519,378	$0	$0	$458,619,247
General Fund	$165,497,356	$36,673,365	$202,170,721	($11,519,378)	($11,018,898)	($9,481,487)	$170,150,958
Work Order Recovery	$7,212,351	$625,132	$7,837,483	$0	$0	$0	$7,837,483
Total Revenues	$621,048,724	$36,059,349	$657,108,073	$0	($11,018,898)	($9,481,487)	$636,607,688

ATTACHMENT B

1/22/93

DPHERM.XLS

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

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Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Paul Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

February 2, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

PLEASE NOTE THERE IS NO BUDGET COMMITTEE MEETING.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 26, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
None.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

5) PRESENTATION AND CONSIDERATION OF A RESOLUTION ON MANAGED CARE

6) CONSIDERATION OF APPROVAL OF FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET

7) OTHER BUSINESS/PUBLIC COMMENTS*

Disability Access

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* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Pierre R. Ludington
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 2, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:00 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 26, 1993

Action Taken: The Commission adopted the minutes of January 26, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

None.

4) DIRECTOR'S REPORT (Flo Stroud, RN, MPH, for Raymond J. Baxter, PhD.)

None.

President Jackson announced the following appointments for 1993:

Budget Committee:

Commissioner Margel Kaufman, Chairperson
Commissioner Arthur Jackson
Commissioner Pierre Ludington
Commissioner Melinda Paras (effective March 1, 1993)
Commissioner Edward Chow (until February 28, 1993)

Joint Conference Committee of Laguna Honda Hospital

Commissioner Rebecca Castaneda, DDS, Chairperson
Commissioner Melinda Paras (effective March 1, 1993)

Joint Conference Committee of Mental Health, Substance Abuse, and Forensics

Commissioner Margel Kaufman, Chairperson
Commissioner Keith Marton, MD, FACP

Joint Conference of Public Health, AIDS, & EMS

Commissioner Pierre Ludington, Chairman
Commissioner Rebecca Castaneda, DDS
Commissioner Paul Rosenstiel

Joint Conference Committee of San Francisco General Hospital

Commissioner Paul Rosenstiel, Chairman
Commissioner Keith Marton, MD, FACP
Commissioner Edward Chow, MD (until February 28, 1993)

5) PRESENTATION AND CONSIDERATION OF A RESOLUTION ON MANAGED CARE

Susan Ehrlich, Director of Budget and Planning, presented the Department's Managed Care Briefing Paper (available in Commission Office), which describes managed care concepts and systems, the current developments and their implications for the Department of Public Health, and the State Department of Health's Draft Strategic Plan for the Transition of Medi-Cal to Managed Care. A proposed resolution (attachment A) Endorsing Principles for the Development of a Managed Care System in San Francisco was presented for discussion.

Commissioners raised the following concerns:

- the impact at the local level of recent Federal direction towards health system reform.
- liability questions for the consortium model.
- need to include monitoring systems.
- the effect of a gatekeeper concept on the quality of care.
- need for information systems to identify the number of uninsured and indigent.

Action Taken: The Commission continued the discussion and consideration of the resolution on Managed Care to the February 16, 1993 meeting.

6) CONSIDERATION OF APPROVAL OF FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET

President Jackson stated that the proposed FY 1993-94 DPH Baseline Budget is the early part of the budget process and is a working document in negotiating with the Mayor's Office. He promoted positive and open communication between the Department and the Mayor's Office.

Public Speakers:

Felicia Cervantes, Casa Maria Recovery Home
Debra Camarillo, Latino Commission of Alcohol & Drug Abuse Services
Elvia Aguilar, Casa Maria Director
Lucy Grau, Mission Council on Alcohol Abuse

Commissioners asked questions about specific proposed budget reductions, emphasizing that none of the proposed cuts are desired; but the overall direction is to minimize the impact on direct service-delivery. The on-going negotiations with the Mayor's Office would be to minimize cuts in direct services.

Action Taken: The Commission defeated (6 to 1) a motion to remove the proposed budget cut for the Latino Family Alcoholism Counseling Center from the proposed DPH 1993-94 Baseline Budget.

Action Taken: The Commission approved the proposed DPH 1993-94 Baseline Budget to send to the Mayor's Office as a working document in the overall City budget process.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachment (1)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. _____

PROPOSED RESOLUTION ENDORSING PRINCIPLES FOR THE DEVELOPMENT OF A MANAGED CARE SYSTEM IN SAN FRANCISCO

WHEREAS, the State Department of Health Services is committed to the rapid expansion of managed care within the Medi-Cal program as a means of improving beneficiary access to quality preventive and primary health care services in a cost effective manner, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485, and;

WHEREAS, the State Department of Health Services released their Draft Strategic Plan "Protecting Vulnerable Populations: California's Strategic Plan for the Transition of Medi-Cal to Managed Care" on 1-13-93, held five regional public hearings to receive comment on the plan on 1-27-93 and 1-28-93, and will release a final plan in the near future, and;

WHEREAS, San Francisco is designated in the State's plan as one of eleven Priority A counties, providing the County Board of Supervisors with the option of participating in the development of an organized health care consortium, to begin operating in FY 1993-94, or, if the County Board of Supervisors elects not to participate, providing other interested parties the option to develop the consortium, or, if there is insufficient interest in the county in creating a consortium, providing the State with the authority to implement Geographic Managed Care, and;

WHEREAS, the primary providers of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health and other traditional San Francisco Medi-Cal and safety net providers, are deeply concerned that the State's proposed changes in services to the Medi-Cal population could threaten access to care for those who rely on our local health system, particularly in light of the state budget crisis, the impending state cuts in the Governor's FY 93-94 budget, and;

WHEREAS, in the Fall of 1992 the traditional providers of care for Medi-Cal beneficiaries and the uninsured in San Francisco took the initiative to form a local leadership group made up of the Department of Public Health, the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium to guide our planning efforts, and commited to work collectively to identify an approach to managed care that would best meet the needs of San Franciscans, now, therefore; be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide to the State Department of Health Services in transitioning Medi-Cal clients to managed care:

1. Medi-Cal managed care should focus on expansion of proven networks of Medi-Cal providers and should proceed cautiously with providers who do not currently serve the Medi-Cal population.

2. Managed care systems should be utilized primarily to expand access to Medi-Cal beneficiaries. Cost savings that accrue from more appropriate utilization of services should be a secondary and longer-term objective.

3. Managed care service delivery mechanisms should require coordination of primary care by an identified provider, should build on principles of utilization management which identify both under and over utilization, and should focus on preventive services.

4. Contracting mechanisms should permit flexibility in reimbursement mechanisms, including traditional fee-for-service models, as well as partial capitation models, and; be it

FURTHER RESOLVED, that the Health Commission endorse the following principles to serve as a guide to the Department of Public Health in its collaborative efforts with the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium in transitioning Medi-Cal clients to managed care:

The development of managed care should:

1. Be consistent with the Department of Public Health's mission of providing a comprehensive array of services to targeted populations;

2. Be consistent with the Department's commitment to conserving scarce resources;

3. Enhance the Department's commitment to primary care-driven health services by providing broad access to public and primary health care services that function as the entry point to the rest of the Department's helath system;

4. Maintain essential Medi-Cal revenues that the Department could lose if it does not adopt a managed care model;

5. Enhance the Deparment's commitment to providing quality care that is overseen by a rigorous quality assurance mechanism for continuous quality assurance, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to advocate for these principles in conjunction with previously approved principles for health system reform, and participate, in collaboration with other safety net providers, in developing a managed care system that is consistent with these principles, and; be it

FURTHER RESOLVED, that the Health Commission supports the efforts of the Director of Public Health in working collaboratively in a public-private partnership with the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium in transitioning Medi-Cal clients to managed care, and; be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to stay informed of the developments in the transition of Medi-Cal to managed care, and to support San Francisco's efforts where opportunity arises on the the State level.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

February 16, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 2, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a request for supplemental appropriation of $115,743 in Forensic Services to support additional staff and supplies related to the transfer of 340 inmates from San Francisco County Jails to Alameda County, North County Jail.

(3.2) Consideration of a request to revise San Francisco General Hospital's AB 75 Capital Outlay Plan and to utilize accrued interest as a source of funds.

(3.3) DMS - CSAS - Multi-Year Renewal Contract with Bayview Hunter's Point Foundation for Community Improvement, Inc. in the amount of $1,767,342/first year, to provide substance abuse treatment services including: information and referral; individual/family/group counseling; home counseling visits; opiate detoxification; methadone maintenance; acupuncture; and parolee services for the term of July 1, 1992 through June 30, 1996. (DPH contracted with Bayview Hunter's Point for services totaling $7,754,000 in FY 1991-92.)

(3.4) CHS - Homeless Program - Request to accept and expend as subgrantee a continuation augmentation to a grant in the amount of $598,867 of federal public health services funds from the San Francisco Community Clinic Consortium to provide primary health care and substance abuse services for the period of November 1, 1992 to October 31, 1993.

(3.5) CHS - Epidemiology and Disease Control, TB Control - Request to accept and expend a continuation grant in the amount of $1,135,853 from the Centers for Disease Control and Prevention to provide Tuberculosis Surveillance, Prevention and Control/Elimination and HIV Demonstration Project for the period of February 1, 1993 to January 31, 1994.

(3.6) CHS - Epidemiology and Disease Control, STD Prevention - Request to accept and expend a continuation grant in the amount of $470,960 from the Centers for Disease Control and Prevention to provide professional training on sexually transmitted diseases and AIDS to providers in San Francisco for the period of April 1, 1993 to March 31, 1994.

(3.7) CHS - AIDS - Renewal contract with 18th Street Services, in the amount of $75,000 to provide AIDS/STD prevention and education to gay/bisexual youth for the period of July 1, 1992 through June 30, 1993. (DPH contracted with 18th Street Services with Bayview Hunter's Point as the fiscal intermediary for services totaling $593,331 in FY 1991-92.)

(3.8) CPHS - Family Health - First Modification to the contract with DSA Medical Services, Inc., in the amount of $15,000 to provide cytology services for the period of January 1, 1993 through March 31, 1993. (DPH contracted with DSA for services totaling $60,000 in FY 1991-92.)

(3.9) CPHS - Health Promotion - New contract with Multicultural Training Resource Center to provide a smoke-free schools project in the amount of $75,000 for the period of March 1, 1993 through February 28, 1994. (DPH contracted with Multicultural Training Resource Center for services totaling $98,664 in FY 1992-93.)

(3.10) CPHS - Health Promotion - New contract with Wu Yee Children's Services in the amount of $75,000 to provide a Childcare Network Policy and Prevention Education project for the period of March 1, 1993 to February 28, 1994. (DPH contracted with Wu Yee Children's for services totaling $7,030 in FY 1992-93.)

(3.11) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $89,216 for institutionalization of tobacco interventions at five community clinics for the period of March 1, 1993 through February 28, 1994. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **CONTINUATION OF DISCUSSION AND CONSIDERATION OF A RESOLUTION ON A MANAGED CARE SYSTEM IN SAN FRANCISCO**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

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Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 16, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Paul A. Rosenstiel

Absent: Commissioner Margel F. Kaufman

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 2, 1993

Action Taken: The Commission adopted the minutes of February 2, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Consideration of a request for supplemental appropriation of $115,743 in Forensic Services to support additional staff and supplies related to the transfer of 340 inmates from San Francisco County Jails to Alameda County, North County Jail.

(3.2) Consideration of a request to revise San Francisco General Hospital's AB 75 Capital Outlay Plan and to utilize accrued interest as a source of funds.

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This item was deferred to the March 2, 1993 agenda.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.11, which was deferred to March 2, 1993.

In behalf of the Commission, special presentations were made to outgoing Commissioners, Patricia R. Underwood, R.N., D.N.Sc., and Edward A. Chow, M.D. Each Health Commissioner and Dr. Baxter expressed their gratitude and appreciation to Dr. Underwood and Dr. Chow for their dedication and hard work over the past four years.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION

- Appreciation to Outgoing Commissioners: On behalf of the entire Department, I would also like to join the Health Commission in its tribute today to Dr. Patricia Underwood and Dr. Edward Chow for their leadership to the Department of Public Health as policymakers in various capacities as President and Chairs of Joint Conference Committees for the past four years. The leadership provided by Dr. Underwood and Dr. Chow through a period of unprecedented budget cuts, uncertain healthcare environment, and changes in City and Department administration is very much appreciated.

ADMINISTRATION

- National Association of Public Hospitals Meeting: During the week of February 1, Mr. Richard Cordova and I attended a leadership meeting of the National Association of Public Hospitals in Washington D.C.

  During the week, Mr. Cordova and I along with leadership of the California Association of Public Hospitals met with the California congressional delegation to convey concerns regarding managed care and national healthcare reform. The issues discussed followed the directive of the Health Commission to pursue national policies in the best interests of San Francisco. Briefings were provided for the following California delegation or their staffs: Senator Dianne Feinstein, Senator Barbara Boxer, Congresswoman Nancy Pelosi, Congressman Pete Stark, Congressman Henry Waxman, and Congressman Vic Fazio, as well as staffs to the House Ways & Means Health Subcommittee and the Energy & Commerce Health & Environment Subcommittee.

- Update on Managed Care: The State Department of Health Services draft plan for implementing managed care has been getting widespread review at both the state and local levels. Following the five public hearings that the state DHS held on its draft plan in January, the Assembly Health Committee, chaired by Assemblyman Burt Margolin, also held the first in what promises to be a number of hearings on the plan last Tuesday, February 9.

  Most of the time at the hearing was spent asking questions of Dr. Coye about the plan, and echoing many of the concerns raised at the public meetings - particularly the timing of the plan, the feasibility of the consortium option, and concerns about managed care in general, particularly given the managed care scandals of the 1970s in California. At the hearing Dr. Coye gave some indication that there would be more flexibility than is initially apparent from the plan. In addition, she stated that due to the deluge of comments they have received, both the moratorium and the date for issuing the final plan will be extended until the end of March. At the hearing, there was also considerable time spent on the marketing practices and quality of care of several private managed care firms, particularly in Santa Clara County. There will be additional hearings on managed care scheduled at later dates.

Last Thursday, Commissioner Jackson, members of the executive staff and I met with the Mayor and his staff and the Controller to brief them about managed care, particularly the affect it will have on health services delivery, and the steps the Department is taking to move ahead to implement it. The Mayor was supportive of our efforts, and encouraged us to move ahead with briefing the Board of Supervisors, participating actively in federal and state developments, continuing to lobby for county flexibility, continuing to plan with the leadership group and expanding that group to include members of his staff, Board of Supervisor's staff, and other interested parties in San Francisco.

Next Tuesday, February 23, the Board of Supervisors Health and Public Safety Committee, chaired by Supervisor Shelley, will be holding a hearing on managed care at the request of Supervisor Migden. This hearing will be largely informational, to begin to prepare the Board for implementing managed care in San Francisco.

I will continue to keep you informed as managed care implementation continues to unfold.

- Controller's 1992-93 Budget Status Report and SFGH Projected Deficit Notice: On February 4, the Controller issued a status report on the City's 1992-93 budget. Due to a combination of revenue shortfalls, a change in the City's retirement rate, and department under-and over-spending, the City is projected to have a $5.5 million shortfall by the end of the year. Within that report, the Controller, consistent with our own estimates, projected the Department of Public Health overall to have a $2.8 million shortfall. This includes Laguna Honda Hospital with a surplus of $93,000; San Francisco General Hospital with a shortfall of $5,035,000, Community Health Services with a surplus of $1,541,000, and Division of Mental Health & Substance Abuse with a surplus of $600,000.

  On February 5, the Controller issued a "Projected Deficit Notice" to SFGH, requesting a plan to reduce expenditures or raise revenues to bring its budget back into balance.

  The Department will continue working with the Mayor's Office and the Controller's Office to implement a plan to bring the DPH budget back into balance by the end of the year. In two weeks, we expect to complete agreement on a plan that will include a variety of expenditure savings and revenue options, including implementing the previously planned mandatory furlough for civil service employees. I will be reporting to you further on the specifics of that plan as it is developed.

- Voluntary Work Furlough: The final week for signing up for the voluntary work furlough was extended through February 5. As of that date, 248 DPH employees signed up for voluntary leaves of absences totaling 1,611 days and 75 employees requested reduced hours of 4,207 for a total dollar savings of $445,000. All of the Department's Executive Staff are participating in the voluntary furlough.

Division	Emp	Days Leave	Emp	Reduced Hr.	Total $
Adm/CHS	161	908	47	2,482	$ .307
LHH	29	336	12	508	$ .048
SFGH	13	153	5	880	$ .044
DMS	45	214	11	337	$ .046

- S.F. Named Best in AIDS Care: The March issue of Financial World Magazine includes its first annual survey of best programs in the country and names San Francisco as the best program for AIDS care in the U.S.

- DPH Senior Services Committee: I recently appointed a DPH Senior Services Committee, cochaired by Anthony Wagner and Cynthia Selmar. The purpose of the Committee is to: (1) advise the Executive Staff regarding policies for seniors; (2) review opportunities to coordinate and integrate senior programs; (3) focus on developing a continuum of care for seniors; (4) serve as an advocacy group for senior services within the Department; and (5) raise the visibility of senior health services in the Department. The Committee will will report to me and meet on a regular basis.

  I have appointed the following committee members, representing programs throughout the Department:

  Garth Collins - Bureau of Health Promotion
  Valerie Dorr - Health Services Branch/AIDS Office
  Barbara Giles-Wallen - Public Health Nursing
  Mary Anne Johnson, M.D. - Laguna Honda Hospital
  Gay Kaplan - North of Market Senior Services
  Consuella Reed - Elder Care Services
  Denise Rodgers, M.D. - Family Practice/SFGH
  Jo Ruffin - Geriatric Services & Special Projects/DMS

SAN FRANCISCO GENERAL HOSPITAL

- Hospital Security Issues: A "Safety Task Force" has been formed to develop a plan to improve and expand the hospital's safety and security program.

  Various security safeguards are already in place, including: an escort service for employees; a Crimewatch program; ongoing monitoring and improvement in the hospital's electronic alarm surveillance system; higher visibility of safety police in the hospital, outlying buildings and around the campus.

- Appointment of Chief of Pediatric Service: Dr. H. William Taeusch has been selected to succeed Dr. Moses Grossman as Chief of the Pediatric Service at San Francisco General Hospital. Dr. Taeusch will also serve as Professor and Vice Chair of the Department of Pediatrics at UCSF and assume his new responsibilities on July 1, 1993. Dr. Taeusch is currently Professor of Pediatrics at the UCLA School of Medicine and the Charles R. Drew University of Medicine and Science an Director of Neonatology at L.A. County-King/Drew Medical Center.

  Dr. Moses Grossman will be retiring as Chief of the Department of Pediatrics after 34 years of service. Dr. Grossman's advocacy on behalf of children has been widely recognized at SFGH and UCSF and throughout the Department of Public Health.

LAGUNA HONDA HOSPITAL

- FreeWheelers. Inc. Fundraiser: The FreeWheeler's Board of Directors sponsored the third annual "Art & Orchids" fundraising gala on February 6. The FreeWheelers, a non-profit organization, provides funds for transportation of Laguna Honda patients to places and events as diverse as S.F. Giants games, lunch at Rockaway Beach, and a night of jazz at Kimball's East.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office Contract Compliance Monitoring: Last week, a news article reported alleged fiscal and programmatic improprieties by AIDS Indigent Direct Services (A.I.D.S.).

  Prior to the article, the AIDS Office received verbal and written complaints about A.I.D.S. and initiated an inquiry. The AIDS Office Associate Director, James Loyce is now conducting a full contract compliance monitoring and audit to determine the validity of these allegations. Mr. Loyce met with the A.I.D.S. Board President last week to discuss these allegations and establish a procedure and time line for a full programmatic/fiscal audit.

  The AIDS Office policy is to conduct annual contract compliance monitorings. These monitorings include a programmatic, administrative, and fiscal analysis. All agencies receiving public monies are required to submit an independent fiscal audit by a certified public accountant. When the analysis raises questions about the use of city funds or when there are written allegations against an agency, a full financial audit is performed.

- HIV Immigration Exclusion: Last week, it was announced the Clinton administration is preparing to rescind the mandatory HIV testing and exclusion of immigrants, refugees and travelers living with HIV. Although no timetable has been set, it appears certain President Clinton will keep his campaign pledge to rescind the ban.

  Prior to the announcement and on behalf of the Department, I had agreed to support a letter from 200 other organizations nationwide urging the President to end the unjust policy. A similar letter had been sent to former Secretary of Health and Human Services Louis Sullivan who endorsed the plan to drop the policy.

- TB Test Policy for HIV Care-givers: San Francisco has not experienced the explosive epidemic of tuberculosis which has occurred in east coast urban areas of high HIV prevalence. Nevertheless, there is concern about TB in San Francisco because the rise of active TB is higher in HIV infected persons. In August 1991, in order to protect both the HIV infected and care-givers who work with them, DPH drafted guidelines for TB skin test screening.

  These guidelines recommend that individuals who provide services that bring them into contact with HIV positive persons should have initial and at least annual skin test screening with evaluation following a positive skin test at any point in the process.

  This system is not intended to create the idea that there is great risk of TB, either for the HIV positive or for those who provide services to them. It is intended to serve as both an early warning system of increased transmission and an early intervention should TB infection occur.

- Reportable Diseases: Beginning with this report, I am including monthly statistics on selected reportable diseases at the end of my report. These particular diseases constitute diseases with significant frequency as well as public health consequences. From time to time, other diseases will be listed if there are significant occurrences in San Francisco. These reports are published each month in the Epidemiology Bulletin issued by the Bureau of Epidemiology and Disease Control.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Cluster Service Delivery Model: During February and March, the Division of Mental Health and Substance Abuse (DMS) will engage in an intensive planning effort to prepare for implementation of the new cluster model of service delivery for FY 1993-94. The process will begin with ten implementation issue groups to address questions and issues related to implementation and provide opportunity for input. The goal is to reach consensus on as many issues as possible and present short lists of viable options for policy decisions. Each group will be cofacilitated by a DMS administrator and a consumer/provider.

  All staff and interested parties are encouraged to attend the group meetings. Because of time constraints, various programs, agencies, and advocacy groups have been encouraged to select representatives to attend issue groups of interest. Participants have been requested to register for the groups by February 17. The groups list of options will be presented to the DMS Policy Advisory Steering Committee for recommendations to Mr. Jeffrey Jue. The recommendations will be reviewed by the Mental Health Advisory Board prior to developing a final implementation plan.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Enforcement action: The Bureau staff recently provided an overview of the Bureau's enforcement activities to investigators and attorneys in the District Attorney's Office. Th areas included were: hazardous materials ordinance, chlorofluorocarbon program, medical waste management program, emergency response program, and asbestos program. The District Attorney's Office plans to increase enforcement action against parties that are in non-compliance of environmental, and occupational and safety health laws and regulations.

JANUARY STATISTICS

- AIDS Statistics (from 7/1/82 to 1/31/93)

Total San Francisco cases:	14,228
Total San Francisco deaths:	10,107
Total S.F. cases for January:	733*
Total S.F. deaths for January:	140

*Includes cases meeting the new (1993) definition of AIDS. Includes non-residents treated in S.F. - resident only is 697.

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	320
Newborn Nursery:		17
Actual Patient Days	(except newborns):	9,922
Newborn Nursery:		534
Admissions	(except newborns):	1,469
Newborn Nursery:		150
Average Length of Stay	(except newborns):	7
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,631
Newborn Nursery:		605
Discharges	(except newborns):	1,472
Newborn Nursery:		155

Outpatient Visits

Primary Health	
Family Health:	2,618
General Medicine:	2,005
Pediatric:	2,968
OB/GYN:	1,895
Specialty Clinics:	9,473

Emergency Visits

Emergency Room:	7,243
Psychiatric Emergency Services:	435

- Laguna Honda Hospital

Average Daily Census:	1,099
Acute Services:	9
Clarendon Hall:	164
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	78
(16 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	3

- CPHS - Primary Care Visits for Health Centers

Health Center $1:	888
Health Center #2:	306
Health Center #3:	723
Health Center #4:	1,087
Health Center #5:	740
Tom Waddell Clinic:	3,340
Potrero Hill Health Center:	498
Southeast Health Center:	664
Special Programs for Youth:	2,375
TOTAL VISITS:	10,621

Disease Control

TB Clinic:	1,948
City Clinic:	1,800

- Reportable Diseases

	January			Year to Date		
	1991	1992	1993	1991	1992	1993
AIDS	123	118	697	123	118	697
Campylobacteriosis*	54	40	41	54	40	41
Giardiasis*	27	25	12	27	25	12
Hepatitis A	17	38	20	17	38	20
Hepatitis B	3	6	6	3	6	6
Salmonella*	15	8	12	15	8	12
Shigella*	20	18	23	20	18	23
TB	26	22	25	26	22	25
Gonorrhea	310	238	169	310	238	169
Syphilis	55	44	18	55	44	18

*Enterically transmitted organisms which produce diarrhea.

5) CONTINUATION OF DISCUSSION AND CONSIDERATION OF A RESOLUTION ON A MANAGED CARE SYSTEM IN SAN FRANCISCO

Commissioners Rosenstiel and Chow proposed the following amendment to be added to the resolution:

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to ensure, in any system that is developed to transition Medi-Cal clients to managed care, that:

1. The inextricable link between providing services for Medi-Cal clients and the ability to provide services for indigent and unsponsored populations is maintained by requiring that plans that contract to provide managed care services for the Medi-Cal population also serve indigent and unsponsored populations;

2. The managed care services to be developed and provided by the Department of Public Health for Medi-Cal clients, including improved access to quality primary and preventive care, should also be made available to all clients served by the Department, and not solely those on Medi-Cal;

3. The Department of Public Health will identify means to preserve and protect current revenues, including those that are the result of being a disproportionate share provider, so that the transition of clients to managed care does not jeopardize the viability of public health services in San Francisco;

4. Other managed care models, such as a County Organized Health System, will be explored for their feasibility and applicability to the principles guiding the development of a managed care system for San Franciscans;

5. The Department of Public Health will identify the implications of implementing a managed care model on the general operations and structure of the Department in relation to the City and County of San Francisco's requirements;

6. The Department of Public Health will provide periodic reports to the Health Commission on the progress of the above directives, and; be it

Public Speaker: Nathan Nayman, Hospital Council of Northern and Central California.

Mr. Nayman proposed the following underlined amendments to Principles #3 and #4:

Enhance the Department's commitment to primary care-driven health services, both public and private, by providing broad access to primary health care service that function as the entry point to the entire health system in San Francisco.

Maintain essential Medi-Cal revenues that the traditional Medi-Cal providers, both public and private, could lose if it does not adopt a managed care model.

Dr. Baxter acknowledged the presence of representatives from the San Francisco Medical Society and the San Francisco Community Clinic Consortium.

Commissioner Rosenstiel also proposed the following underlined amendment:

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to take a leadership position in advocating for these principles in conjunction with previously approved principles for health system reform, and participate, in collaboration with other safety net providers, in developing a managed care system that is consistent with these principles, and; be it

FURTHER RESOLVED, that the Health Commission supports the efforts of the Director of Public Health in taking a leadership position in working collaboratively in a public-private partnership with the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium in transitioning Medi-Cal clients to managed care, and; be it

Action Taken: The Commission adopted the amended Resolution #2-93, (Attachment A), Endorsing Principles for the Development of a Managed Care System in San Francisco.

6) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 4:15 p.m.

Sandy Odye Mori

Sandy Odye Mori
Executive Secretary
to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 2-93

RESOLUTION ENDORSING PRINCIPLES FOR THE DEVELOPMENT OF A MANAGED CARE SYSTEM IN SAN FRANCISCO

WHEREAS, the State Department of Health Services is committed to the rapid expansion of managed care within the Medi-Cal program as a means of improving beneficiary access to quality preventive and primary health care services in a cost effective manner, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485, and;

WHEREAS, the State Department of Health Services released their Draft Strategic Plan "Protecting Vulnerable Populations: California's Strategic Plan for the Transition of Medi-Cal to Managed Care" on 1-13-93, held five regional public hearings to receive comment on the plan on 1-27-93 and 1-28-93, and will release a final plan in the near future, and;

WHEREAS, San Francisco is designated in the State's plan as one of eleven Priority A counties, providing the County Board of Supervisors with the option of participating in the development of an organized health care consortium, to begin operating in FY 1993-94, or, if the County Board of Supervisors elects not to participate, providing other interested parties the option to develop the consortium, or, if there is insufficient interest in the county in creating a consortium, providing the State with the authority to implement Geographic Managed Care, and;

WHEREAS, the primary providers of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health and other traditional San Francisco Medi-Cal and safety net providers, are deeply concerned that the State's proposed changes in services to the Medi-Cal population could threaten access to care for those who rely on our local health system, particularly in light of the state budget crisis, the impending state cuts in the Governor's FY 93-94 budget, and;

WHEREAS, in the Fall of 1992 the traditional providers of care for Medi-Cal beneficiaries and the uninsured in San Francisco took the initiative to form a local leadership group made up of the Department of Public Health, the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium to guide our planning efforts, and commited to work collectively to identify an approach to managed care that would best meet the needs of San Franciscans, now, therefore; be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide to the State Department of Health Services in transitioning Medi-Cal clients to managed care:

1. Medi-Cal managed care should focus on expansion of proven networks of Medi-Cal providers and should proceed cautiously with providers who do not currently serve the Medi-Cal population.

2. Managed care systems should be utilized primarily to expand access to Medi-Cal beneficiaries. Cost savings that accrue from more appropriate utilization of services should be a secondary and longer-term objective.

3. Managed care service delivery mechanisms should require coordination of primary care by an identified provider, should build on principles of utilization management which identify both under and over utilization, and should focus on preventive services.

4. Contracting mechanisms should permit flexibility in reimbursement mechanisms, including traditional fee-for-service models, as well as partial capitation models, and; be it

FURTHER RESOLVED, that the Health Commission endorse the following principles to serve as a guide to the Department of Public Health in its collaborative efforts with the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium in transitioning Medi-Cal clients to managed care:

The development of managed care should:

1. Be consistent with the Department of Public Health's mission of providing a comprehensive array of services to targeted populations;

2. Be consistent with the Department's commitment to conserving scarce resources;

3. Enhance the Department's commitment to primary care-driven health services, both public and private, by providing broad access to public health and primary health care services that function as the entry point to the entire health system in San Francisco;

4. Maintain essential Medi-Cal revenues that the traditional Medi-Cal providers, both public and private, could lose if a managed care model is not adopted;

5. Enhance the Department's commitment to providing quality care that is overseen by a rigorous quality assurance mechanism for continuous quality assurance, and; be it

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to ensure, in any system that is developed to transition Medi-Cal clients to managed care, that:

1. The inextricable link between providing services for Medi-Cal clients and the ability to provide services for indigent and unsponsored populations is maintained by requiring that plans who contract to provide managed care services for the Medi-Cal population also serve indigent and unsponsored populations;

2. The managed care services to be developed and provided by the Department of Public Health for Medi-Cal clients, including improved access to quality primary and preventive care, should also be made available to all clients served by the Department, and not solely those on Medi-Cal;

3. The Department of Public Health will identify means to preserve and protect current revenues, including those that are the result of being a disproportionate share provider, so that the transition of clients to managed care does not jeopardize the viability of public health services in San Francisco;

4. Other managed care models, such as a County Organized Health System, will be explored for their feasibility and applicability to the principles guiding the development of a managed care system for San Franciscans;

5. The Department of Public Health will identify the implications of implementing a managed care model on the general operations and structure of the Department in relation to the City and County of San Francisco's requirements;

6. The Department of Public Health will provide periodic reports to the Health Commission on the progress of the above directives, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to take a leadership position in advocating for these principles in conjunction with previously approved principles for health system reform, and participate, in collaboration with other safety net providers, in developing a managed care system that is consistent with these principles, and; be it

FURTHER RESOLVED, that the Health Commission supports the efforts of the Director of Public Health in taking a leadership position in working collaboratively in a public-private partnership with the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium in transitioning Medi-Cal clients to managed care, and; be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to stay informed of the developments in the transition of Medi-Cal to managed care, and to support San Francisco's efforts where opportunity arises on the the State level.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of February 16, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

March 2, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 16, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $89,216 for institutionalization of tobacco interventions at five community clinics for the period of March 1, 1993 through February 28, 1994. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

(3.2) CPHS - Family Health - New contract with International Cancer Screening Laboratories, Inc., in the amount of $70,530, to provide cytology services, for the period of April 1, 1993 through March 31, 1994.

(3.3) DMS - Request to apply for, accept and expend a continuation grant in the amount of $264,000 from the State Department of Mental Health, and a sole source request for Catholic Charities/Peter Claver Community Program in the amount of $160,720, to provide AIDS/ARC residential and adult day treatment services for the period of July 1, 1992 to June 30, 1993.

(3.4) C.O. - AIDS - Sole Source Request with San Francisco AIDS Foundation in the amount of $80,922 for case management services for gay and bisexual men in the Latino community for the period of January 15, 1993 through June 30, 1994. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,738,656 in FY 1991-92.)

(3.5) C.O. - AIDS - Renewal contract with the Women's Institute for Mental Health - Iris Center, in the amount of $92,293, to provide HIV/AIDS prevention education services to women, for the period July 1, 1992 through June 30, 1993. (DPH contracted with Women's Institute for Mental Health for services totaling $923,354 in FY 1991-92.)

(3.6) C.O. - AIDS - New contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $137,971, to provide a community based HIV prevention education program, including a needle exchange service, to persons who inject drugs in San Francisco, for the period Date of Certification through June 30, 1993.

(3.7) Request approval for a surplus transfer to purchase certain equipment items which the Department of Public Health anticipates would be lease purchase through the CAO's financing program.

(3.8) CHS - AIDS - Request to accept and expend a continuation grant in the amount of $17,193,711 from the Health Resources and Services Administration to continue funding Ryan White Comprehensive AIDS Resources Emergency (CARE Title I) Supplemental Disaster Relief Grant services for the period of April 4, 1993 to April 3, 1994.

(3.9) Consideration of a request to approve a resolution amending Administrative Code Section 10.154, to increase the Public Health Central Office Revolving Fund from $20,000 to $30,000.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **OTHER BUSINESS/PUBLIC COMMENTS***

6) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF AN UNLITIGATED CLAIM #91-03849 IN THE AMOUNT OF $32,500**

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of five business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

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Arthur M. Jackson
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Vice President

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Commissioner

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Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 2, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

Absent: Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 16, 1993

Action Taken: The Commission adopted the minutes of February 16, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $89,216 for institutionalization of tobacco interventions at five community clinics for the period of March 1, 1993 through February 28, 1994. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

Dr. Sandra Hernandez reported that the Department will provide a presentation of the Tobacco Control Program at the Joint Conference Committee on Public Health, AIDS, and EMS.

(3.2) CPHS - Family Health - New contract with International Cancer Screening Laboratories, Inc., in the amount of $70,530, to provide cytology services, for the period of April 1, 1993 through March 31, 1994.

(3.3) DMS - Request to apply for, accept and expend a continuation grant in the amount of $264,000 from the State Department of Mental Health, and a sole source request for Catholic Charities/Peter Claver Community Program in the amount of $160,720, to provide AIDS/ARC residential and adult day treatment services for the period of July 1, 1992 to June 30, 1993.

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This item was postponed to a future meeting.

(3.5) C.O. - AIDS - Renewal contract with the Women's Institute for Mental Health - Iris Center, in the amount of $92,293, to provide HIV/AIDS prevention education services to women, for the period July 1, 1992 through June 30, 1993. (DPH contracted with Women's Institute for Mental Health for services totaling $923,354 in FY 1991-92.)

Jimmy Loyce, Department of Public Health staff, provided an update on the areas of improvement needed. The contractor's Executive Director gave an update on the Board composition.

The Department will submit progress reports to the Commission. This contract will be referred to the Joint Conference Committee on Public Health, AIDS, and EMS.

(3.6) C.O. - AIDS - New contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $137,971, to provide a community based HIV prevention education program, including a needle exchange service, to persons who inject drugs in San Francisco, for the period Date of Certification through June 30, 1993.

This item was postponed to a future meeting.

(3.7) Request approval for a surplus transfer to purchase certain equipment items which the Department of Public Health anticipates would be lease purchase through the CAO's financing program.

Commissioner Kaufman requested an inventory of the Department of Public Health vehicles.

(3.8) CHS - AIDS - Request to accept and expend a continuation grant in the amount of $17,193,711 from the Health Resources and Services Administration to continue funding Ryan White Comprehensive AIDS Resources Emergency (CARE Title I) Supplemental Disaster Relief Grant services for the period of April 4, 1993 to April 3, 1994.

To avoid conflict of interest, Commissioner Paras abstained from the discussion and vote on this item.

(3.9) Consideration of a request to approve a resolution amending Administrative Code Section 10.154, to increase the Public Health Central Office Revolving Fund from $20,000 to $30,000.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.4 and #3.6, which were postponed to a future meeting.

To avoid conflict of interest, Commissioners Paras and Marton abstained from discussing and voting on #3.8.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION

- Welcome New Health Commissioner: I want to welcome new Health Commissioner Melinda Paras who was sworn in this morning by Mayor Frank Jordan. The Department staff and I will be available to meet with any member of the newly constituted Health Commission for briefing sessions on departmental issues.

ADMINISTRATION

- Health Safety Net Symposium: On February 22, I represented the San Francisco Department of Public Health at the Health Safety Net Symposium sponsored by the National Association of Public Hospitals (NAPH) in Washington D.C. More than 160 national, state, public, private and religious organizations representing millions of consumers, public officials, health providers, health insurers and business participated. The purpose of the symposium was to consider the specific needs in national health reform of underserved and vulnerable persons and the critical health providers that serve them.

  The symposium provided an excellent opportunity for groups to come together and share with members of Congress and the administration the needs of the underserved and issues of access that need to be considered in health reform. The symposium heard from the Senior Advisor to the President for Policy Development, who reiterated the President's commitment to reform and interest in working with organizations such as NAPH to protect vulnerable populations. Members of Congress dropped by to listen to the panelists and discuss their own efforts towards health care reform.

- Managed Care: As you know, on Tuesday, February 23, the Board of Supervisors' Health and Public Safety Committee, chaired by Supervisor Shelley, held a hearing on managed care at the request of Supervisor Migden. In addition to members of the committee - Supervisors Shelley, Conroy, and Hallinan - Supervisors Migden and Alioto were also present at the hearing.

  Commission President Arthur Jackson testified on behalf of the Health Commission and presented the Commission's resolution on managed care. I provided the committee with an overview of the issue, and the members of the Leadership Group - the Westbay Hospital Conference, S.F. Medical Society, and the Community Clinic Consortium - presented testimony supporting our collective work on this issue. Yesterday, Supervisor Shelley introduced a resolution to the Board of Supervisors that incorporates the principles adopted by the Health Commission; it will be considered at tomorrow's meeting of the Health and Public Safety Committee.

  At the State level, there continues to be much advocacy activity as the State sifts through over 4000 pages of comments on its draft plan. The Senate Health Committee is holding a hearing on March 10, and we are continuing to work with our various advocacy organizations - California Association of Public Health (CAPH), California Health Executives Association of California

(CHEAC), and the County Supervisors Association of California (CSAC) - to make sure that managed care planning incorporates our concerns.

One of the most interesting developments to date is the initial Federal response to the plan, a copy of which we received last Friday. It is Region IX's first comment on the plan, which the State has not yet submitted officially to them. Region IX's most significant finding is that the consortium section of the draft plan will require a change in federal law. This appears to place a significant obstacle in the way of the State's draft plan. There are a number of potential responses they could make, and we do not yet know what they will do.

In other actions, a San Francisco Superior Court Judge has issued an order in a lawsuit challenging the State Department of Health Service's efforts to enroll Medi-Cal recipients in managed care plans. The Judge in "Gutierrez v. Coye" ordered DHS to cease enrolling additional recipients in managed care plans; signing new contracts with managed care plans; or expanding existing contracts with managed care plans until DHS publishes regulations regarding distances Medi-Cal recipients must travel to get a provider, and publishes regulations regarding disenrollment procedures and monitoring recipients' access to care. This lawsuit was brought by legal aid attorneys on behalf of Medi-Cal patients who feel they are not being ensured quality care.

I will continue to keep you informed as managed care implementation continues to unfold.

- Unpaid Administrative Leave (Furlough): Last week, I issued a memorandum to all DPH civil service staff explaining the department's budget problem and the need for each DPH city funded employee to take a maximum of two unpaid leave days in this fiscal year. Employees will be credited for any voluntary time already approved.

  The memo reminds employees that the department originally proposed five unpaid work furlough days during the December 1992 holiday week, for all but the most essential services, in order to make budget cuts of $42 million and avoid deeper program cuts. A careful review of DPH finances for the remainder of the year indicates that a two day only furlough by all DPH city-funded staff would be required to resolve the department's projected shortfall.

  While acknowledging that this will be a hardship on many DPH employees, I indicated this would help the department to avoid further service reductions to our clients.

- Controller's 1992-93 Budget Status Report and SFGH Projected Deficit Notice: As I reported to you earlier, on February 4 the Controller issued a status report on the City's 1992-93 budget that projected a Citywide $5.5 million shortfall by the end of the year, and a $2.8 million shortfall within DPH.

  The Department of Public Health developed a plan to bring the DPH budget back into balance by the end of the year, and to provide sufficient savings, including a two day work furlough, to solve several small problems that we projected by the end of the year. The Department has submitted this to the Mayor's Office and will keep the Commission informed.

- DPH Lease Purchasing: In the 1992-93 budget, the Department of Public Health took a major cut in its equipment accounts pursuant to an agreement with the Mayor's Office and the Chief Administrative Officer's (CAO) Office. Under that agreement, DPH would lease purchase certain items of equipment through the CAO-administered City and County of San Francisco Finance Corporation, rather than outright purchase. The funds for equipment from our budget were deleted with the understanding the equipment would be lease-purchased through the Finance Corporation and lease payments could be delayed until 1993-94. There was agreement about the specific lists of equipment with the CAO's office shortly after the budget was completed.

  Unfortunately, the Department was informed several weeks ago that the CAO would not lease-purchase most of this equipment, either because the items were not appropriate for lease-purchase or exceeded a limit that the CAO placed on the fund. SFGH will receive approximately $2.3 million of equipment through the fund and CPHS will receive its mammography van, but the remaining equipment - about $1.3 million - will either be delayed until late next year or denied. DPH has done a review of the lists and determined that purchase of most of the remaining list can be delayed, but some of it will need to be purchased by transferring funds from personnel savings to equipment accounts. This surplus transfer request was on Health Commission Budget Committee agenda today. The CAO's change in policy has been taken into account as DPH developed the budget for next year.

- EEO/AA Training Workshops: The Department's Equal Employment Opportunity/Affirmative Action Office is offering a series of 12 department-wide trainings for managers and supervisors. The trainings began in February and will continue through June for this fiscal year.

  Five of the trainings offered are three hour sessions on the topic of Managing Sexual Harassment Situations, including recognizing and preventing subtle sexual harassment. Five additional four hour trainings will be provided on the subject of Reasonable Accommodation and the Workplace - complying with the Americans with Disabilities Act and the 504 Rehabilitation Act that preceded it. The training series will be brought to a close in June with two day long trainings on Managing Diversity in the Workforce.

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- Poison Control: Stable, "fair-share" funding still remains an important and active issue. There have recently been two developments:

  On February 17, DPH, SFGH, and the UCSF School of Pharmacy co-sponsored the founding meeting of an Advisory Board to the San Francisco Bay Area Regional Poison Control Center (SFBARPCC). Representatives from 9 of the 10 counties served by the SFBARPCC were present. In addition to a review of services and past funding efforts, the Board discussed the current status of the county "fair-share" campaign as well as renewed state legislative efforts. A plan to provide minimum service to counties who are unwilling or unable to pay their "fair-share" was presented. Counties who do pay their share will receive the complete array of services provided by the Poison Control Center.

  On February 24, Senator Diane Watson chaired a meeting of the California Senate Subcommittee on Health & Human Services. The purpose was to hear testimony about the funding status of the State's seven poison control

centers (PCC's). The committee heard from many groups supporting a stable funding base for the PCC's. I submitted written testimony on behalf of the San Francisco Department of Public Health. A coalition of interest groups, including counties, CSAS, etc. is expected to continue to work closely with the Legislature, Governor's Office and the State Emergency Medical Services to identify and secure long-term funding.

- SFGH Rally Protesting Furloughs: I have been informed that a noon-time rally, sponsored by employee organizations, will take place at San Francisco General Hospital tomorrow to protest the imposition of the two day unpaid furlough.

- International EMS Symposium: Dr. Charles Saunders, Medical Director of the Paramedic Division was invited to speak at an International Emergency Medical Services (EMS) Symposium in early February by the government and members of the medical community of the Republic of China on Taiwan. Dr. Saunders was asked to advise and share information on EMS with colleagues, health officers and policy officials. Taiwan is in the process of upgrading their EMS services to an Advanced Life Support (ALS) level, and used the forum for medical and policy discussion with input and advise from EMS experts from around the world. Also attending from San Francisco was Dr. Alan Gelb of SFGH Emergency Services, and paramedics David Flooresch, Robert Navarro, and Sandy Tong. EMS experts from Germany, France, Japan, Hong Kong, and South America also attended. The trips were paid for by the Taiwanese government and all participants traveled on vacation time.

  Drs. Saunders and Gelb initiated contact with the Ministry of Health and EMS leadership in the Peoples Republic of China and traveled to Beijing at their own expense to lecture, and share scientific and educational information. The Peoples Republic of China is also evaluating its EMS services, and expressed interest in San Francisco's disaster and earthquake planning and response.

  San Francisco's EMS services are highly regarded and well-known around the world and staff is frequently asked to participate in international symposiums.

LAGUNA HONDA HOSPITAL

- HSS President-elect: Mr. Anthony Wagner, Executive Administrator of Laguna Honda Hospital was elected to the office of President-elect for the Hospital Sponsored Skilled Nursing Services (HSS) Board of the California Association of Hospitals & Healthcare System (CAHHS) at the annual meeting in Oakland last week. In 1995, Mr. Wagner will assume the presidency of this statewide advocacy group.

- Nutrition Services Award: The Director of Nutrition Services for Laguna Honda Hospital, Mr. Steven Koneffklatt, accepted an Honorable Mention Award from the HSS for the successful implementation of the LHH "Diet Office System". This computerized system provides tray tickets that allow residents to select a daily menu offering many selections of food, based on their diet plans. The system has improved the quality of life for the residents while providing a more efficient operation.

COMMUNITY PUBLIC HEALTH SERVICES

- Public Health Nursing Centennial 1893 - 1993: This year marks the Centennial of Public Health Nursing in the United States. Public Health

Nursing is working with the American Public Health Association (APHA) and the California Public Health Association (CPHA) Planning Committee to coordinate the Public Health Nursing activities and celebration for the annual APHA meeting to be held in San Francisco this year.

- AIDS Grand Rounds: The February monthly AIDS Grand Rounds was devoted to a presentation on Chronic Fatigue Immune Dysfunction Syndrome (CFIDS). Dr. George Rutherford, Deputy Director of Prevention, State Health Department, presented the epidemiology of CFIDS and Dr. Jonathan Rest, a private practitioner in Berkeley presented case information from his clinical practice. The meeting was well attended with a lively discussion from the audience.

  Dr. Mitchell Katz has decided to broaden the subject matter of these meetings so that they focus not only on AIDS but on other important public health issues as well.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Update on Center on Deafness: The other Bay Area counties have been contacted regarding options for San Francisco to continue providing regional services for the Center on Deafness. Five of eight counties have responded and have agreed to meet. The other counties will be pursued to pay their fair share. New ADA requirements mandate greater responsibility for local governments to assure adequate services access for the disabled, including the deaf, and other counties will need to develop services for their deaf residents if they cannot access services in San Francisco.

  If a fair share plan cannot be negotiated, an alternative would be to shift to fee-for-service for San Francisco clients only, as currently proposed. The Center could then independently negotiate with other counties.

  Administrative oversight responsibility for the Center on Deafness was transferred from the California Department of Mental Health to the San Francisco Department of Public Health in July 1982. The only condition required for the County was to assure the continued funding level of $344,500 (including $34,500, 10% local match) at least through 1982-83. By FY 1990-91, Short Doyle funds were reduced by 38% to San Francisco and the State indicated that S.F. was not required to continue any of the categorically funded programs, including the Center on Deafness. In spite of these reductions, San Francisco has tried to maintain funding for the Center on Deafness, currently $362,000. Previous efforts for contributions from all counties utilizing these services have not been successful. Currently, the program serves approximately 254 clients a year, 40% of whom are from San Francisco.

  The Center provides valuable services to persons who are deaf and hard of hearing and should be maintained at some level. I will keep you informed of the negotiations.

FEBRUARY STATISTICS

- AIDS Statistics (from 7/1/82 to 2/28/93)

Total San Francisco cases:	14,929
Total San Francisco deaths:	10,241
Total S.F. cases for February:	701 *
Total S.F. deaths for February:	134

*Includes 617 cases meeting the new (1993) definition of AIDS
Includes non-residents treated in S.F. - resident only is 641.

- Laguna Honda Hospital

Average Daily Census:	1,118
Acute Services:	11
Clarendon Hall:	165
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	80
(20 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	1

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	February			Year to Date		
	1991	1992	1993	1991	1992	1993
AIDS	187	147	641	310	265	1338
Campylobacteriosis*	37	55	60	91	95	101
Giardiasis*	19	23	16	46	48	28
Hepatitis A	23	40	16	40	78	36
Hepatitis B	2	15	5	5	21	11
Salmonella*	15	11	12	30	19	24
Shigella*	20	28	11	40	46	34
TB	27	29	32	53	51	57
Gonorrhea	275	247	117	585	485	286
Syphilis	56	46	7	111	90	25

*Enterically transmitted organisms which produce diarrhea.

All other February statistics will be reported at the next meeting of the Health Commission.

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

6) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF AN UNLITIGATED CLAIM #91-03849 IN THE AMOUNT OF $32,500

Action Taken: The Commission approved the recommended settlement for #91-03849 in the amount of $32,500.

The meeting was adjourned at 3:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

March 16, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 2, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of retroactive standby pay for FY 1991-92 and for FY 1992-93 for employees working in the Mission Crisis Clinic, AIDS Project, to be paid from Ryan White funds.

(3.2) DMS - CSAS - Request to approve the San Francisco Demonstration County Alcohol and Drug Program Plan for Fiscal Year 1992-93.

(3.3) DMS - CSAS - Request to accept and expend a subvention in the amount of $408,501 from the State of California, Department of Alcohol and Drug Programs to provide substance abuse and HIV services to residents of San Francisco for the period of July 1, 1992 through June 30, 1993.

(3.4) SFGH - MIS - Sole Source Contract and first modification to the contract with Coopers & Lybrand in the amount not-to-exceed $200,000 to provide healthcare information systems consulting services for the period of one year from Controller's certification of the contract. (DPH Contracted with Coopers & Lybrand for services totaling $117,467 in FY 1992-93).

(3.5) SFGH - MIS - Renewal contract with Shared Medical Systems (SMS) in the amount of $230,000 to provide software and Hospital Information Systems consulting services to San Francisco General Hospital Medical Center, from the certification date through June 30, 1994. (DPH Contracted with Shared Medical Systems for services totaling $87,600 in FY 1991-92).

(3.6) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $84,375 from the State Department of Health Services, Maternal Child Health Branch for the period of July 1, 1993 through March 31, 1994, and a sole source and contract approval request for C.A.H.E.E.D., Inc. in the amount of $70,000 per year to provide education, outreach and case management services for the period of July 1, 1993 through June 30, 1995. (DPH contracted with C.A.H.E.E.D., Inc. for services totaling $66,000 in FY 1992-93).

(3.7) C.O. - AIDS - New contract with Castle Rock Consulting Group, in the amount of $100,000 to provide consultation services for the development of a client/patient copayment system and an effective Medi-Cal revenue enhancement plan for HIV service providers for the period Date of Certification through June 30, 1993.

(3.8) C.O. - AIDS - New contract with the California AIDS Intervention Training Center in the amount of $64,952 to provide HIV/AIDS prevention and education to the African American community for the period of Date of Certification through December 31, 1993.

(3.9) C.O. - AIDS - Request for Approval of the 1993-1994 Ryan White Comprehensive AIDS Resources Emergency (CARE) Formula Contracts: 82 contracts with a combined total of $11,462,926 for the period of May 1, 1993 through April 30, 1994.

(3.10) C.O. - AIDS - New contract with Haight Ashbury Free Medical Clinics, Inc. in the amount of $94,475 to implement and conduct a street-based HIV prevention intervention program targeting high-risk youth for the period of date of certification through September 30, 1993. (DPH contracted with Haight Ashbury for services totaling $4,352,056 in FY 1991-92).

(3.11) C.O. - AIDS - New contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $137,971, to provide a community based HIV prevention education program, including a needle exchange service, to persons who inject drugs in San Francisco, for the period Date of Certification through June 30, 1993. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,738,656 in FY 1991-92).

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF FINAL APPROVAL OF PROPOSED DEPARTMENT OF PUBLIC HEALTH MISSION AND VISION STATEMENTS**

6) **UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1993-94**

7) **CONSIDERATION OF AMENDING THE SAN FRANCISCO ADMINISTRATIVE CODE RELATING TO THE ESTABLISHMENT OF THE MENTAL HEALTH BOARD (FORMERLY THE MENTAL HEALTH ADVISORY BOARD) CONSISTENT WITH CURRENT STATE LEGISLATION**

8) **CONSIDERATION OF THE REVISED 1993-94 CHILDREN'S SERVICES PLAN FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $20,000 FOR LUCAS V. CCSF ET AL, SUPERIOR COURT #940-395**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 16, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 2, 1993

Action Taken: The Commission adopted the minutes of Mach 2, 1993.

The Commission went into Executive Session at 3:10 p.m. pursuant to Government Code Section 54956.9(b)(1), "Potential Litigation", prior to consideration of agenda item #3.11. The Commission came out of Executive Session at 3:25 p.m.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of retroactive standby pay for FY 1991-92 and for FY 1992-93 for employees working in the Mission Crisis Clinic, AIDS Project, to be paid from appropriate available funds.

Dr. Larry Meredith pointed out that funds will not come out of Ryan White funds. Appropriate available funds will be used.

(3.2) DMS - CSAS - Request to approve the San Francisco Demonstration County Alcohol and Drug Program Plan for Fiscal Year 1992-93.

Commissioner Kaufman raised her concern that with the continual increase in numbers of persons needing drug treatment, are the services for prevention really being effective.

Commissioner Paras also inquired as to what evaluation mechanisms for efficacy are in place.

(3.3) DMS - CSAS - Request to accept and expend a subvention in the amount of $408,501 from the State of California, Department of Alcohol and Drug Programs to provide substance abuse and HIV services to residents of San Francisco for the period of July 1, 1992 through June 30, 1993.

(3.4) SFGH - MIS - Sole Source Contract and first modification to the contract with Coopers & Lybrand in the amount not-to-exceed $200,000 to provide healthcare information systems consulting services for the period of one year from Controller's certification of the contract. (DPH Contracted with Coopers & Lybrand for services totaling $117,467 in FY 1992-93).

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This item was postponed to a future meeting.

(3.7) C.O. - AIDS - New contract with Castle Rock Consulting Group, in the amount of $100,000 to provide consultation services for the development of a client/patient copayment system and an effective Medi-Cal revenue enhancement plan for HIV service providers for the period Date of Certification through June 30, 1993.

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(3.9) C.O. - AIDS - Request for Approval of the 1993-1994 Ryan White Comprehensive AIDS Resources Emergency (CARE) Formula Contracts: 82 contracts with a combined total of $11,462,926 for the period of May 1, 1993 through April 30, 1994.

Commissioner Paras abstained from discussing or voting on this item because of her staff position with Shanti Project.

Commissioner Kaufman requested that the Joint Conference Committee on Public Health, AIDS, and EMS review the contracts that have received ratings of "improvement needed" or below. Because the Department does not have sufficient staffing for fiscal monitoring, she also recommended to the Department to have agencies who are doing well with fiscal administration to provide technical assistance to other agencies.

(3.10) C.O. - AIDS - New contract with Haight Ashbury Free Medical Clinics, Inc. in the amount of $94,475 to implement and conduct a street-based HIV prevention

intervention program targeting high-risk youth for the period of date of certification through September 30, 1993. (DPH contracted with Haight Ashbury for services totaling $4,352,056 in FY 1991-92).

Commissioner Ludington, expressing his ongoing concern for minimizing duplication and encouraging collaboration among the service providers, requested a written report on the collaborative efforts and their efficacy of prevention programs targeting high-risk youth.

(3.11) C.O. - AIDS - New contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $137,971, to provide a community based HIV prevention education program, including a needle exchange service, to persons who inject drugs in San Francisco, for the period Date of Certification through June 30, 1993. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,738,656 in FY 1991-92).

Action Taken: The Commission approved the Consent Calendar, except for #3.6 which was postponed. Commissioners Marton, Paras, and Rosenstiel abstained from discussing or voting on #3.9 after disclosing their conflict of interest.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

ADMINISTRATION

- Mayor's Neighborhood Budget Meetings: Last Saturday, March 13, I attended the first of a series of meetings scheduled by Mayor Jordan in neighborhoods throughout the City. The meetings will inform the community about the city's fiscal crisis and get a sense of the community's priorities for the FY 1993-94 budget. At each of the meetings, the Mayor is asking for public comment either at the community meetings or in writing to his office. The first meeting took place last Saturday at Marina Middle School for the Marina, Russian Hill, Pacific Heights, Nob Hill, Chinatown, and North Beach neighborhoods. While city departments are not directly participating, members of the DPH Executive Staff will attend each of the meeting in order to hear the concerns of neighborhood residents.

- Needle Exchange Program: Yesterday, Commissioner Jackson, Dr. Katz and I participated in the press conference at which the Mayor issued a declaration of local emergency, and directed the Department of Public Health to immediately implement a city-sponsored needle exchange program. The Mayor cited emergency powers under the California Government Code, and the Charter of the City and County and San Francisco Administrative Code to direct DPH to fund the underground needle exchange program which has been in place since 1988. Also yesterday, the declaration was ratified unanimously by the Board of Supervisors in emergency action. The Health Commission has taken the necessary step this afternoon of approving the San Francisco AIDS Foundation/Prevention Point contract.

  By taking these actions, the Mayor, the Board of Supervisors, and the Health Commission have demonstrated San Francisco's continuing strong leadership in the fight against AIDS. The declaration implements the resolutions already adopted by the Health Commission and the Board of Supervisors recommending establishing and implementing a legal needle exchange program in San Francisco, as part of a comprehensive plan to halt the spread of HIV among intravenous drug users.

Of the 16,000 IDUs in San Francisco, approximately 15% are HIV positive. We estimate that 13% of the approximately 13,000 heterosexual IDUs are HIV-infected. Among the estimated 3,000 gay males who inject, the rate is 63%. Almost 14% - over 2000 men, women and children of San Francisco's 15,000 AIDS cases have been linked to IDU. Fifty percent of the 300 women with AIDS in the City and virtually all of the pediatric cases with AIDS are linked to IDU. The scientific evidence is incontrovertible. Needle exchange does no harm; it does not encourage intravenous drug use; it does reduce the spread of HIV and improve access to health and substance abuse services.

- Homeless Programs: Mr. Larry Cruz, who recently served as the Homeless Coordinator for the Mayor's Office returns to the Health Department with management responsibilities for Homeless Programs in the Division of Mental Health and Substance Abuse Services. His primary responsibility will be to help shape DPH homeless policy and integrated service delivery models. In addition, Mr. Cruz will be the DPH spokesperson for homeless issues and act as the DPH liaison with community groups and other city departments. His immediate projects include the development with the Department of Social Services of an SSI Advocacy Unit, Representative Payee Services, Homeless Detox Services, and the development of an advisory body for homeless issues.

  Dr. Bob Prentice, who has served as the Department's Director of Homeless Programs, will continue to have primary responsibility for homeless programs within CPHS/AIDS and will also become the Acting Director for Community Oriented Primary Care (COPC). Reporting to Dr. Sandra Hernandez, in this position he will be responsible for supervising all the Health Center Directors in the development of multidisciplinary programs and active community boards. Dr. Prentice will also work with the Center Directors in preparation for managed care and maximizing the Department's access to federal funding for community primary care services.

  I want to acknowledge Dr. Prentice and Mr. Cruz for the extraordinary leadership they have displayed on homeless issues, both in the Mayor's Office and in the Department of Public Health.

- Status Report on DPH Contracting: The Commission has asked me to report periodically on improvements in our contract administration and monitoring activities. The following is a summary of DPH activities during the period of July 1992 through February 1993 to improve the Department's contracting process and performance monitoring:

  - Amended DPH contracting policies and procedures to facilitate processing of CBO contracts while preserving or improving service quality. (July 21 and December 1, 1992 Health Commission Meetings.)

  - Implemented standardized, detailed billing invoices, comparing invoices to contract budget, for Community Health Programs (AIDS and CPHS). (DMS contracts require cost reporting in lieu of the detailed invoicing).

  - Established a Department-wide Contract Monitoring Task Force on November 18 which will be piloting a multidivisional contract monitoring protocol with a contractor this spring. For this pilot monitoring project the task force has:

    - Developed a contract monitoring tool to be utilized for master contracts, a shift from contract specific monitoring to agency monitoring.

- Standardized monitoring scoring (rating) of performance categories and overall performance.

- Improved DMS monitoring capabilities by:

  - Developing joint Mental Health-Substance Abuse contract monitoring with standardized monitoring criteria and performance standards.
  - Developing a follow-up protocol for problems identified in monitoring visit.
  - Integrating the Medi-Cal quality assurance reviews within the monitoring visit.
  - Ensuring mechanisms for consumer input were included in monitoring report.
  - Expanding the role of the drug and alcohol advisory boards in substance abuse contract monitoring.

- Initiated development of computer software to automate contract development forms, provide contract tracking data, and management reports. The current target date for Phase I of the system to be online is June 30, 1993.

- Implemented contract officer training:

  - A two week, one-hour/day, refresher training was conducted January 11 - 22. Contract officers from Community Health Programs, AIDS Office, and DMS participated in the training.
  - In addition to the bimonthly contract officer meetings, beginning in February 1993, we have decided to meet two more times monthly for ongoing training.

- Developed a collaborative relationship with the Controller's Internal Audit Division for enhanced audit capacity. Presently the department is exploring how audit capacity internal to DPH can be funded.

- Contracted with the Support Center to provide technical assistance to AIDS contractors in the following areas: Board development, fundraising, personnel management, policy and procedure development, fiscal management and consolidation/mergers.

- Agreed to work with the Ryan White Care Council to review its process and procedures for defunding CARE funded agencies and departments.

- Reorganized CPHS/AIDS Office business functions so all contract development, invoice processing, and contract monitoring will be centralized under a single Fiscal Unit.

It is important to note that in recent years the department has increased the volume of contracted services with its corresponding increase in monitoring and oversight responsibilities at the same time that it has sustained significant administrative reductions. The combination of factors, including staffing reductions associated with declining budgets and only limited indirect cost support for grant management activities, have severely stretched the Department's capacity to monitor and evaluate contract services.

- Accounting and Fiscal Management: As part of the Department's major initiative to consolidate the administration and delivery of these services,

I believe it is now essential to initiate a series of enhanced monitoring and training activities, particularly in the areas of accounting and financial management, to ensure that appropriate fiscal oversight of private contractors is maintained. To accomplish this ambitious quality assurance agenda for financial management, I have requested assistance from the Mayor's Fiscal Advisory Committee. The key components requiring assistance include:

1. Assessing the Department's fiscal contract monitoring procedures, practices, standards and staffing levels; with recommendations to assure relevant fiscal oversight of contracts is maintained.

2. Organizing volunteers to provide financial auditing assistance to the department's contract monitoring teams.

3. Designing and conducting periodic training for DPH program monitoring staff and contractor Boards of Directors and staff, tailored to the Federal, State and local requirements of DPH contracts.

4. Assessing feasibility and appropriateness of utilizing grants' indirect cost reimbursement to fund audit staff at the department

I am convinced that with MFAC assistance, the Department will be able to ensure that the health care provided by non-profit organizations is effective, accountable, and compliant with relevant financial standards.

SAN FRANCISCO GENERAL HOSPITAL

- Chief of Obstetrics Service: I am sad to report that Dr. James R. Green, Chief of Obstetrics Service for SFGH from 1989 to 1990, died of pancreatic cancer last Wednesday, March 10 at the age of 48. In January, I reported that a third delivery room was formally opened at San Francisco General Hospital and dedicated to Dr. Green in honor of his years of service and decade of persistent hard work to add another delivery room at SFGH. Dr. Green directed the residency program in Obstetrics, Gynecology and Reproductive Sciences at San Francisco General and was widely recognized for his teaching skills. His colleagues will remember him as a very caring, extremely honest individual with high ethical values. The James R. Green, M.D. delivery room is a fitting memorial to this dedicated physician who is missed by his family, friends and colleagues. A scholarship fund for his children has been established in his memory. Details are available from SFGH

- SFGH Volunteers Annual Luncheon: The San Francisco General Hospital Volunteers will hold their annual luncheon on Tuesday, March 23 at the St. Francis Yacht Club. The event will recognize the 400 volunteers who provide a variety of services throughout the hospital. Many of the volunteers work in patient-centered programs such as the Emergency Room, AIDS Ward, and the Nursery. Volunteers also serve as bilingual interpreters, messengers, gardeners and barbers. In addition, volunteers process all incoming phone calls for patients and handle all hospital visitor questions at the Main Lobby Information Desk seven days a week. The Health Commission has been invited to join in recognizing the SFGH Volunteers for their outstanding contributions to the hospital.

- Medical Social Services: March is National Medical Social Services Month. In acknowledgment of this event, the SFGH Social Services Department has embarked on an awareness campaign to enlighten the SFGH staff regarding the services provided by the Social Services Department. On Wednesday, March 17, Social Services will host a reception to honor staff for their dedication and services.

COMMUNITY PUBLIC HEALTH SERVICES

- Appointment of Center Director at Health Center #2: Over the last 11 months, Ms. Charla Ekstrand has done a superb job as Acting Center Director at Health Center #2 in addition to serving in her role as Supervising Public Health Nurse. Effective immediately, Ms. Ekstrand will be assigned to the position of Center Director on a permanent basis. I know the Commission will join in acknowledging her leadership to date and in officially welcoming her to the CPHS management team.

- Update on Tuberculosis: Total reported cases of TB for 1992 were 355, compared to 333 in 1991 and 334 in 1990, a 6.6% increase. This indicates a continuing slow but steady increase in reported TB cases in San Francisco. Of these new cases, 6 were resistant to Isoniazid and Rifamtin, the two most effective drugs against T.B. One of these multi drug resistant cases, an HIV infected man recently arrived from New York City, has died. Of the remaining 5, 4 are doing well on therapy, and 1 who left SFGH and the City against medical advice, has returned to S.F. and has restarted treatment.

  In order to continue to maintain an aggressive TB control program, the Department and the San Francisco Medical Society co-sponsored a series of community and public TB forums in 1992 led by panels of medical experts for both lay public and medical professionals. TB screening and treatment protocols were instituted for congregate living sites (HIV residential, homeless shelters, hospitals, and the jails).

  At the recommendation of Supervisor Angela Alioto, I appointed an Ad Hoc Advisory Committee for the Control and Elimination of Tuberculosis composed of representatives of community agencies, unions, city departments, contract agencies, refugee services, and private sector physicians to advise the Department on strategies and priorities to eliminate TB as a threat in San Francisco. Dr. Gisela Schecter, Director of the Tuberculosis Control Unit and Dr. Sandra Hernandez co-chair the committee.

  In June of 1992, a pilot program for TB skin testing was initiated in the county jail system. Partly funded through a CDC grant, skin testing is now routinely done in the jails since January, 1993. The TB screening protocols implemented in the jails have been very successful. All inmates who appear highly suspicious for TB are referred directly to SFGH for clearance. The rate of positive skin tests in the jails has been similar to the rate in the general population.

  The Department is assessing the ventilation of all shelter in the City. Ventilation assessment of the largest homeless shelter has been completed and the shelter has raised private donations to make the necessary improvements in ventilation. The Department is in the process of hiring a health worker to contract for a mobil x-ray unit to provide regular screening for TB in the homeless shelters.

  San Francisco has not experienced the explosive epidemic of tuberculosis which has occurred in east coast urban areas of high HIV prevalence. Nevertheless, there is concern about TB in San Francisco because the rise of active TB is higher in HIV infected persons. In August 1991, in order to protect both the HIV infected and care-givers who work with them, DPH drafted guidelines for TB skin test screening.

  These guidelines recommend that individuals who provide services that bring them into contact with HIV positive persons should have initial and at least

annual skin test screening with evaluation following a positive skin test at any point in the process.

The rapidly rising cost of anti TB drugs is an area of concern. Current costs are over $120,000 per year, up from $40,000 five years ago. The incidence of TB in the African American community is rising and success in completing preventive therapy for contacts in this community needs to be increased. As awareness of TB is increased, the fear of TB has also risen and there is concern regarding the stigmatization of persons with both active TB and TB infection.

- AIDS Office - Status Report on A.I.D.S Contract: The AIDS Office was informed on March 4, 1993, that the Executive Director of AIDS Indigent Direct Services (A.I.D.S.) deposited SSI checks of clients from the representative payee program in a payroll account. The AIDS Office investigation determined that this information was true. Mr. James Loyce, the Associate Director of the AIDS Office has contacted the District Attorney, Social Security Financial Division, and the Controller's Office to report this action by the A.I.D.S. Executive Director.

  The deposit of client SSI checks to the payroll account was done without approval or knowledge of the A.I.D.S. Board of Directors. Subsequently, the Executive Director was terminated on March 10. The Board of Directors appointed a Board Member, who has taken leave from the Board, as interim Executive Director.

  On March 8, the AIDS Office assumed direct oversight of A.I.D.S. fiscal operations and assigned staff to review and approve all fiscal and administrative transactions for A.I.D.S. This assignment is expected to last while the AIDS Office completes its programmatic and administrative audit which should be completed by the first week in April. The Commission will be provided with the results of the audit at that time.

  Later that day, the AIDS Office provided a status report on A.I.D.S. for the Ryan White CARE Planning Council. In response, the Planning Council voted to terminate all contracts with A.I.D.S., effective upon completion of a client transition plan by the AIDS Office and A.I.D.S.

- AIDS OFFICE - Shanti Project Contract Compliance Monitoring: The AIDS Office has completed its routine annual contract compliance monitoring of the Shanti Project Housing Programs. The monitoring included all of Shanti's housing programs for FY 1991-92, and for the first half of FY 1992-93. It also included a review of Shanti's accounting systems.

  The monitoring reports commends Shanti for providing vital housing services for a diverse population of HIV-infected persons. The report also details serious problems with Shanti's fiscal systems. Shanti invoiced the city in full for housing programs that were significantly delayed in start-up time. Shanti also failed to report revenues collected from client rent payment contributions in the contract period. The independent audit that was performed by Shanti for FY 1991-92 did not comply with OMB Circular A-133, the audit guide for non-profit agencies.

  Because of the findings of this report, the AIDS Office has placed several requirements on Shanti. The requirements include that Shanti must perform a budget reconciliation for its housing programs for FY 1991-92. If Shanti is unable to demonstrate that all monies spent were for approved contractual

line items, Shanti will have to repay the City. The City will not pay Shanti for services delivered in January and February of 1993 until Shanti Project has submitted budget modifications for the year 1992-93 and has invoiced the City for actual expenses. Shanti will have to obtain a new audit for FY 1991-92 that fulfills circular A-133.

AIDS Office staff have met with staff of Shanti Project and with the Board of Directors. Shanti has submitted a response to the monitoring report accepting responsibility for the fiscal problems and agreeing to fulfill the requirements of the AIDS Office. The AIDS Office will be working closely with them to resolve these issues. The CARE Contracts for Shanti will not be put forth to the Health Commission until the Commission has reviewed the issues concerning the Shanti Project.

- Health Center #1 HIV Evening Clinic: Health Center #1 has opened an evening HIV primary care clinic on Mondays, from 5 to 8:30 pm. The clinic provides comprehensive medical care to persons who are HIV-positive or who have AIDS-related diseases. The evening clinic is designed for people who can't use daytime services because of work or need assistance with transportation that is available in the evenings only.

  HIV primary care clinics at Health Center #1 serve individuals age 14 years and older. Spanish and Tagalog speaking staff are available. Residents in the Mission, Potrero Hill, and Castro neighborhoods are encouraged to access this service by calling 554-9750 for appointments and information.

- Public Health Week: The Department is planning active participation in Public Health Week 1993 scheduled for the week of April 5 - 11. Following this year's overall theme, "Public Health: An Investment in the Future", daily activities highlighting public health programs will be featured, including the 100th Anniversary of Public Health Nursing. Some of the week's activity will be featured at the next meeting of the Health Commission on April 6.

FORENSIC SERVICES

- Computerized Medical Record Model: Forensic Services submitted a proposal to the U.S. Department of Justice to formulate a Computerized Medical Record model designed specifically for correctional facilities. This model, coupled with database research conclusions extracted from CHAMP (Correctional Health Assessment Management Program), could allow similar correctional facilities in the U.S. to determine the extent of their health care informational needs. The model could also be used to audit the movement of medical information in a correctional setting, measuring how this process is affected by automation, and its potential use in the Quality Assurance process.

  As a result of this research, the National Institute of Corrections Academy has invited Forensic Services project team members to attend an all expenses paid symposium where national leaders in the areas of corrections, health care, and information systems will present the latest methodologies in Quality Assurance for medical care in corrections. Project team members include: Joe Abrego, CPHS & Forensic MIS Manager; Nan Dame, R.N., Forensic Services Staff Development Coordinator; and Joe Goldenson, M.D., Forensic Services Chief Medical Director.

BUREAU OF TOXICS, HEALTH AND SAFETY

- Cal-EPA Base Closure Advisory Group: Bill Lee, Director of Toxics, Health and Safety, has been selected to serve on the statewide Cal-EPA Base Closure

Advisory Group. The purpose of the group is to provide statewide guidance and coordination of EPA, State-Toxics and the Water Resource Control Board in the local hazardous waste clean-up process.

In San Francisco, the Hunter's Point Naval Shipyard and Presidio are already scheduled for closure and the Treasure Island facility may also be closed. The State wants to ensure the clean-ups are completed to the satisfaction of the local jurisdiction.

FEBRUARY STATISTICS

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	308
Newborn Nursery:		15
Actual Patient Days	(except newborns):	8,831
Newborn Nursery:		408
Admissions	(except newborns):	1,443
Newborn Nursery:		151
Average Length of Stay	(except newborns):	6
Newborn Nursery:		2
Discharge Patient Days	(except newborns):	8,888
Newborn Nursery:		374
Discharges	(except newborns):	1,431
Newborn Nursery:		153

Outpatient Visits

Primary Health	
Family Health:	2,743
General Medicine:	2,067
Pediatric:	3,109
OB/GYN:	2,575
Specialty Clinics:	9,466

Emergency Visits

Emergency Room:	5,481
Psychiatric Emergency Services:	310

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	770
Health Center #2:	232
Health Center #3:	510
Health Center #4:	975
Health Center #5:	688
Tom Waddell Clinic:	2,799
Potrero Hill Health Center:	588
Southeast Health Center:	737
Special Programs for Youth:	2,417
TOTAL VISITS:	9,716

Disease Control

TB Clinic:	1,903
City Clinic:	2,052

All other February statistics were reported on March 2, 1993.

5) CONSIDERATION OF FINAL APPROVAL OF PROPOSED DEPARTMENT OF PUBLIC HEALTH MISSION AND VISION STATEMENTS

Dr. Baxter presented the revised proposed Mission and Vision Statements. He reported that the Department conducted an extensive review process for the Mission and Vision Statements during the months of January and February. Three townhall meetings were scheduled for DPH employees during the lunch hour at different locations on three dates to provide an opportunity for all interested employees to attend. In addition, two separate early evening meetings were scheduled for advisory committee members, contract agency employees and board members. All participants were encouraged to submit written comments. Finally, each advisory committee to the Department was invited to review and comment on the drafts.

Dr. Baxter also reported that in order to incorporate the Mission and Vision Statements of the San Francisco Department of Public Health into budget considerations and future planning, several work groups have been established. The work groups are Managed Care, Budget, Strategic Plan, Vision Background Paper, Management Information System, Administrative Consolidation and Program Integration, Cultural Competency, Senior Services, and Employee Support. The work groups are headed by DPH Executive Staff and will refine basic directions to incorporate the mission and vision into the Department's long range plans and next year's budget.

Public Speaker: Edward Benner

Action Taken: The Commission unanimously adopted Resolutions #3-93, Department of Public Health Mission Statement, (Attachment A), and Resolution #4-93, Department of Public Health Vision Statement, (Attachment B).

6) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1993-94

Dr. Baxter presented the following highlights of the update on the changes to the Department of Public Health's 1993-94 proposed budget:

Our initial budget proposal calculated the 1992-93 revised budget, the 1993-94 proposed budget, and estimated baseline adjustments on financial data available at the time. Since then we have made a number of adjustments to our expenditures and revenues. The most significant difference is a reduction in the estimated General Fund need for 1993-94. Our initial calculations indicated that, even though we were proposing to cut the General Fund by $32 million, inflationary increases necessitated a $5 million increase in General Fund, from $165 million to $170 million. Since then, the Department of Public Health has included additional SB 855 revenue, incorporated a number of supplemental reserves, and made a variety of other changes. Even though expenditures grew, revenues more than offset these costs and reduced the General Fund.

Our revised estimates of anticipated inflationary and other adjustments, including salary standardization and annualizations, will cost the Department of Public Health an additional $43.4 million in 1993-94. The Department of Public Health will meet the Mayor's request to absorb all cost increases and reduce the General Fund contribution by:

- Raising revenue by $27.2 million. This is the net result of raising current year projections by $14.3 million, implementing new business plan revenue proposals totaling $14.3 million, and by adjusting revenues downward that are associated with certain cuts totalling $1.5 million.

- Cutting General Fund expenditures by $18.3 million, $9.1 million of which are service cuts.

These proposals will allow the Department to absorb all anticipated cost increases and reduce our General Fund request by $2 million in 1993-94.

Unfortunately, the magnitude of the projected budget deficit has forced us to propose some very difficult service reductions. At this time there have been no significant changes to the budget cut proposals that were previously adopted by the Health Commission. To partially mitigate the effects of these cuts, to prepare for the demands of managed care, and to improve integrated primary care, HIV services and mental health services, we propose to make some infrastructure investments and service changes.

Dr. Baxter presented a summary of each Division's budget (available at the Commission Office, 554-2666). He reported that the service inpacts ae all still very critical. Management, equipment, and support staff are all part of the Department's infrastructure he is trying to maintain.

Commissioner Ludington expressed his concern on the continuing erosion of the Department's infrastructure.

After the Mayor completes his neighborhood meetings on the City budget, his staff will analyze the citywide budget and will then look at a potential second round of cuts. The Department is very concerned about the timing and potential additional cuts.

Dr. Baxter will keep the Commission informed of any budget developments.

7) **CONSIDERATION OF AMENDING THE SAN FRANCISCO ADMINISTRATIVE CODE RELATING TO THE ESTABLISHMENT OF THE MENTAL HEALTH BOARD (FORMERLY THE MENTAL HEALTH ADVISORY BOARD) CONSISTENT WITH CURRENT STATE LEGISLATION**

Jeffrey Jue, LCSW, Deputy Director for Mental Health and Substance Abuse Services, reported the following:

The State Legislature has amended the health code relating to the County Mental Health Advisory Board. The Mental Health Advisory Board has been abolished and the County Mental Health Board has been established in its place. The Health Commission is being requested to approve an amendment to the San Francisco Administrative Code which will abolish the Mental Health Advisory Board and create in its place a Mental Health Board with the new State Law. Once approved by the Health Commission, this request will be forwarded to the Board of Supervisors for approval.

The proposed amendment does not make significant changes to current composition or function of the Mental Health Advisory Board. The new Mental Health Board's membership will continue to consist of 17 members appointed by the Board of Supervisors. The Mental Health Board's duties shall be to review and evaluate the County's mental health needs, services, facilities and special problems, and to advise the Board of Supervisors, the Health Commission, Director of Public Health, and Deputy Director for Mental Health on local mental mental health programs. It will continue to review and approve procedures used to insure citizens and professional involvement in the planning process. It will ensure involvement of interested members of the mental health community and public in the development of the budget, and will review and comment on the County's mental health performance outcome data.

Mr. Jue acknowledged the work of Amelia Morgan, President of the Mental Health Advisory Board, and introduced Mary Sue Planck, Executive Director of the Mental Health Board.

Action Taken: The Commission unanimously approved the Administrative Code relating to the abolishment of the Mental Health Advisory Board and the creation in its place of the San Francisco Mental Health Board. The Director of Public Health is to be added to line #8 on page 5 of the amendment dated February 19, 1993.

8) CONSIDERATION OF THE REVISED 1993-94 CHILDREN'S SERVICES PLAN FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

Flo Stroud, Senior Deputy Director for Community Health Services, introduced Frank Grimmelman, a staff person from the Mayor's Office of Childen, Youth, and their Families. He reported that in revising the 1993-94 Children's Services Plan, there has been a determination to restrict new MOCYF staffing, a transfer of the plan to be presented to the Economic Vitality and Social Policy Committee, and an interdepartmental collaboration to include community organizations in the planning of joint funds.

Commissioner Kaufman, who has been designated to represent the Health Commission regarding the Children's Services Plan, strongly recommended to MOCYF to have a collaborative approach at the policy-making level (i.e. - the five Commissions for Recreations and Park, Social Services, Public Health, Libraries, and Juvenile Probation).

Ms. Stroud raised DPH's concern regarding the use of Proposition J funds for new or existing programs.

Action Taken: The Commission unanimously voted to receive the revised report and requested Dr. Baxter, in consultation with President Jackson, to send a letter to MOCYF expressing the Commission and Department's concerns.

9) OTHER BUSINESS/PUBLIC COMMENTS

President Jackson announced his office hours in the Commission Office (Attachment C).

The Commission went into Executive Session at 5:00 p.m.

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $20,000 FOR LUCAS V. CCSF ET AL, SUPERIOR COURT #940-395

The Commission came out of Executive Session at 5:10 p.m.

Action Taken: The Commission approved the recommended settlement of $20,000, Superior Court #940-395.

The meeting was adjourned at 5:12 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-93

DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT RESOLUTION

WHEREAS, the Health Commission wishes to adopt a Mission Statement describing the broad goals and roles of the Department of Public Health to guide planning, budgeting and policy; and

WHEREAS, the following Mission Statement has been proposed by the Department of Public Health:

It is the mission of the San Francisco Department of Public Health to promote and sustain the best possible state of physical and mental health and functioning for all San Franciscans. The Department shall:

- Protect and promote a healthy environment;
- Actively pursue access for all, and the elimination of financial, cultural, linguistic, physical and operational barriers to services;
- Lead the development of financial and human resources and programs, in partnership with communities, consumers, providers, employees and other public and private entities;
- Design and advocate policies, plans, standards and programs to prevent or remediate conditions that threaten the public's health;
- Assess, evaluate, educate and disseminate information regarding conditions that affect the public's health;
- Deliver high quality, cost-effective, personal health services, especially for the poor and others with inadequate access to services, and with priority to those in greatest need;
- Provide and coordinate citywide emergency medical services; and
- Be publicly accountable for the development, design and execution of health policies and programs; now, therefore, be it

RESOLVED, that the Health Commission adopts the Department of Public Health's Mission Statement; and be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 16, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-93

DEPARTMENT OF PUBLIC HEALTH
VISION STATEMENT RESOLUTION

WHEREAS, the San Francisco Department of Public Health has developed a Vision Statement that defines a new focus in a changing health care environment to guide planning, budgeting and policy to carry out the Mission of the Department of Public Health; and

WHEREAS, the Department of Public Health wishes to take leadership in transforming the the health care system of San Francisco into a broad-based health and human services model in collaboration with all providers; and

WHEREAS, the Department of Public Health has involved its employees, advisory committees, and contract agencies in a review process through a series of townhall meetings and incorporated suggested changes in developing its final Mission and Vision Statements; and

WHEREAS, the Department of Public Health is developing a Strategic Plan that will define the process for implementing its Mission and Vision, the following Vision Statement has been proposed:

San Francisco will be a leader in Health. The staff and volunteers of the Department of Public Health will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:

1. Everyone lives in a healthy neighborhood;

2. Everyone has equal access to needed, quality care;

3. Services are client-focused and culturally proficient;

4. We are partners with clients and communities, and their needs determine resource allocation;

5. We recognize the special contributions of every person working in the system;

6. All providers collaborate as part of a unified citywide health and human service system;

7. All providers emphasize primary prevention and wellness;

8. We insure the very best use of public funds, and all services are cost effective;

9. We are creative, innovative, and continually strive for excellence;

10. We stand for teamwork, collaboration, integrity and accountability; and

11. Clients and communities value our services and trust us

RESOLVED, that the Health Commission adopts the Department of Public Health's Vision Statement; and be it

FURTHER RESOLVED, that the Health Commission urges the Department of Public Health to continue to involve employees, advisory committees, and contract agencies in developing the Strategic Plan.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 16, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL (415) 554-2666

N O T I C E

The 1993 President of the Health Commission, Arthur M. Jackson, is announcing his office hours at the Commission Office at 101 Grove, Room 311. Individuals or organization representatives who wish to meet with the President on health-related issues are to call Sandy Mori, Executive Secretary to the Health Commission (554-2666), for an appointment.

President Jackson's office hours will be:

2nd and 4th Tuesdays of each month - 10:00 AM to 12 Noon

ATTACHMENT C

101 Grove Street
San Francisco, CA 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

PUBLIC NOTICE

The meeting site for the Health Commission meeting of Tuesday, April 6, 1993 has been changed from 101 Grove Street, Room #300, to the Board of Supervisors' Chambers, 2nd floor, City Hall. The meeting starts at 3:00 p.m.

The Budget Committee of the Health Commission at 2:00 p.m. will still meet at 101 Grove Street, Room #300.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

April 6, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 16, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Quarterly Report of the Department of Public Health FY 1992-93 Budget.

(3.2) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $84,375 from the State Department of Health Services, Maternal Child Health Branch, for the period of July 1, 1993, through March 31, 1994, and a sole source and contract approval request for C.A.H.E.E.D., Inc. in the amount of $70,000 per year to provide educational, support and intensive case management services to pregnant and postpartum African American women and their infants for the period of July 1, 1993 through June 30, 1995. (DPH contracted with C.A.H.E.E.D., Inc. for services totaling $66,000 in FY 1992-93.)

(3.3) CPHS - Epidemiology and Disease Control - Request to apply for, accept and expend a continuation grant in the amount of $1,091,095 from the Centers for Disease Control to provide required STD control services for the period of January 1, 1994, to December 31, 1994.

(3.4) CPHS - Epidemiology and Disease Control - Request to apply for, accept and expend a continuation grant in the amount of $272,529 from the Centers for Disease Control for the period of January 1, 1994, to December 31, 1994, to provide enhanced STD control services, and a sole source and new contract approval request for UCSF in the amount of $609,511 to identify behavioral markers among high risk adolescents; to design, implement and evaluate and intervention to reduce STDs and their sequelae among adolescents; and to evaluate the efficacy of utilizing non-invasive STD tests in this population, for a period of five years from contract certification. (DPH contracted with UCSF for services totaling $5,553,754 to date in FY 1992-93, exclusive of the Affiliation Agreement.)

(3.5) C.O. - AIDS - Renewal contract with 18th Street Services, in the amount of $122,901, to provide HIV/AIDS prevention education through street outreach, for the period January 1, 1993, through December 31, 1993. (DPH contracted with 18th Street Services, with Bayview Hunter's Point as fiscal intermediary, for services totaling $593,331 in FY 1991-92.)

(3.6) C.O. - AIDS - Renewal contract with Asian American Recovery Services/Asian AIDS Project in the amount of $72,413 to provide HIV prevention education services to Asian Pacific Islanders for the period of January 1, 1993 through December 31, 1993. (DPH contracted with Asian American Recovery Services, Inc. for services totaling $1,157,316 in FY 1991-92.)

(3.7) C.O. - AIDS - Request for approval of the 1993-1994 Ryan White Comprehensive AIDS Resources Emergency (CARE) Supplemental Contracts: 82 contracts not to exceed a combined total of $16,334,027 for the period of July 1, 1993 through June 30, 1994.

(3.8) DMS - Request to apply for, accept and expend a continuation grant in the amount of $115,000 from the Department of Rehabilitation for the period of July 1, 1993, through June 30, 1994, and a sole source approval request for California Pacific Medical Center, Community Vocational Enterprises, in the amount of $115,000 per year to provide expanded vocational services for seriously mentally-ill psychiatric clients for the period of July 1, 1993, through June 30, 1994. (DPH contracted with CPMC for services totaling $9,475,030 in FY 1992-93.)

(3.9) DMS - CSAS - First Modification to the contract with Asian American Recovery Services, Inc. in the amount of $390,555 to provide HIV/substance abuse outpatient treatment services and augment enhancement of existing treatment services to "critical populations" for the period of October 1, 1992, through June 30, 1993.

(3.10) DMS - CSAS - First Modification to the contract with Bay Area Addiction, Research and Treatment, Inc. (BAART) in the amount of $248,102 to augment outpatient methadone maintenance services for the period of December 1, 1992 through June 30, 1993. (DPH contracted with BAART for services totaling $1,958,778 in FY 1991-92.)

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **PUBLIC HEALTH WEEK ACTIVITIES**

6) **CONSIDERATION OF A RESOLUTION ON A WELLNESS DAY**

7) **UPDATE ON MANAGED CARE**

8) **UPDATE AND DISCUSSION OF PROPOSED FURTHER REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH 1993-94 BUDGET**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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ADDENDUM

TO

AGENDA

HEALTH COMMISSION BUDGET COMMITTEE

April 6, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following item will be added to the Consent Calendar of the Budget Committee Agenda:

(3.11) C.O. - AIDS - Request for approval of the 1993-94 Ryan White Comprehensive AIDS Resource Emergency (CARE) Formula Contracts: two contracts (A.I.D.S. and Shanti Project) for a combined total of $716,110 for the period of May 1, 1993 through April 30, 1994.

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 6, 1993
3:00 P.M.
at
Board of Supervisors' Chambers
City Hall
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:08 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 16, 1993

Action Taken: The Commission adopted the minutes of March 16, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Quarterly Report of the Department of Public Health FY 1992-93 Budget.

(3.2) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $84,375 from the State Department of Health Services, Maternal Child Health Branch, for the period of July 1, 1993, through March 31, 1994, and a sole source and contract approval request for C.A.H.E.E.D., Inc. in the amount of $70,000 per year to provide educational, support and intensive case management services to pregnant and postpartum African American women and their infants for the period of July 1, 1993 through June 30, 1995. (DPH contracted with C.A.H.E.E.D., Inc. for services totaling $66,000 in FY 1992-93.)

Commissioner Jackson reaffirmed the Department's monitoring efforts to receive required reports from contractors in a timely fashion.

(3.3) CPHS - Epidemiology and Disease Control - Request to apply for, accept and expend a continuation grant in the amount of $1,091,095 from the Centers for Disease Control to provide required STD control services for the period of January 1, 1994, to December 31, 1994.

(3.4) CPHS - Epidemiology and Disease Control - Request to apply for, accept and expend a continuation grant in the amount of $272,529 from the Centers for Disease Control for the period of January 1, 1994, to December 31, 1994, to provide enhanced STD control services, and a sole source and new contract approval request for UCSF in the amount of $609,511 to identify behavioral markers among high risk adolescents; to design, implement and evaluate and intervention to reduce STDs and their sequelae among adolescents; and to evaluate the efficacy of utilizing non-invasive STD tests in this population, for a period of five years from contract certification. (DPH contracted with UCSF for services totaling $5,553,754 to date in FY 1992-93, exclusive of the Affiliation Agreement).

(3.5) C.O. - AIDS - Renewal contract with 18th Street Services, in the amount of $122,901, to provide HIV/AIDS prevention education through street outreach, for the period January 1, 1993, through December 31, 1993. (DPH contracted with 18th Street Services, with Bayview Hunter's Point as fiscal intermediary, for services totaling $593,331 in FY 1991-92).

Commissioner Ludington again emphasized the need for coordination/integration among service providers serving the high-risk youth. He requested the Department to submit a written report on how the coordination/integration is being accomplished.

Public Speaker: John Ehrlich

(3.6) C.O. - AIDS - Renewal contract with Asian American Recovery Services/Asian AIDS Project in the amount of $72,413 to provide HIV prevention education services to Asian Pacific Islanders for the period of January 1, 1993 through December 31, 1993. (DPH contracted with Asian American Recovery Services, Inc. for services totaling $1,157,316 in FY 1991-92).

(3.7) C.O. - AIDS - Request for approval of the 1993-1994 Ryan White Comprehensive AIDS Resources Emergency (CARE) Supplemental Contracts: 82 contracts not to exceed a combined total of $16,334,027 for the period of July 1, 1993 through June 30, 1994.

Commissioner Ludington requested the A.I.D.S. and Shanti recommendations be referred to #3.11.

(3.8) DMS - Request to apply for, accept and expend a continuation grant in the amount of $115,000 from the Department of Rehabilitation for the period of July 1, 1993, through June 30, 1994, and a sole source approval request for California Pacific Medical Center, Community Vocational Enterprises, in the amount of $115,000 per year to provide expanded vocational services for seriously mentally-ill psychiatric clients for the period of July 1, 1993, through June 30, 1994. (DPH contracted with CPMC for services totaling $9,475,030 in FY 1992-93).

(3.9) DMS - CSAS - First Modification to the contract with Asian American Recovery Services, Inc. in the amount of $390,555 to provide HIV/substance abuse

outpatient treatment services and augment enhancement of existing treatment services to "critical populations" for the period of October 1, 1992, through June 30, 1993.

(3.10) DMS - CSAS - First Modification to the contract with Bay Area Addiction, Research and Treatment, Inc. (BAART) in the amount of $248,102 to augment outpatient methadone maintenance services for the period of December 1, 1992 through June 30, 1993. (DPH contracted with BAART for services totaling $1,958,778 in FY 1991-92).

(3.11) C.O. - AIDS - Request for approval of the 1993-94 Ryan White Comprehensive AIDS Resource Emergency (CARE) Formula Contracts: two contracts (A.I.D.S. and Shanti Project) for a combined total of $716,110 for the period of May 1, 1993 through April 30, 1994.

Dr. Mitch Katz, Director of the AIDS Office, reported that because the Department's priority is to continue services to clients and that at this time the Department is not giving A.I.D.S. and Shanti Project a clean bill of health, the Department is recommending contract approval for these two agencies. Dr. Katz also reported that the Department will reserve the right to use its 30-day clause to terminate a contract if an agency is not in compliance with Department conditions. Dr. Katz enumerated the Department's conditions along with a timeline.

Commissioner Ludington expressed his concern that the accountability for funds to these two agencies must be monitored closely by the Commission and the agencies' Boards of Directors.

Commissioner Jackson stated that the Commission and the agencies' Boards have fiduciary responsibilities for these funds.

Gayling Gee, Chairperson of the Shanti Board of Directors, stated that the Board will fulfill its fiduciary responsibility and also announced administrative changes within the Shanti organization.

Jimmy Loyce, Associate Director of the AIDS Office, gave an update on A.I.D.S., which is presently under receivership with the Department. Mr. Loyce also emphasized the priority to maintain services to the high-risk population being served by this contractor.

Commissioners requested monthly progress reports on A.I.D.S. and Shanti. Commissioners recommended to the full Commission to include A.I.D.S. and Shanti as requested in #3.7 and 3.11.

Action Taken: The full Commission approved items #3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.9, and 3.10.

Due to conflict of interest, Commissioner Marton did not discuss nor vote on items #3.7 and 3.8. Commissioner Paras did not discuss nor vote on items #3.7 and 3.11.

Action Taken: The Commission approved item #3.7. Commissioners Marton and Paras abstained.

Action Taken: The Commission approved item #3.8. Commissioner Marton abstained.

Action Taken: The Commission approved item #3.11.
Commissioner Paras abstained.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

ADMINISTRATION

- 1993-94 Budget Update: Two weeks ago, the Mayor's Office requested that DPH prepare a "worst case" scenario of an additional $25 million in general fund cuts. For the last two years, this Department has proposed revenue increases and administrative and operating cost reductions to minimize service cuts. In order to present the 1993-94 base budget with no increase in the general fund allocation, the Department has already proposed $32 million in revenue inceases, administrative and operating cost reductions, and service cuts. Since 1991-92, DPH has increased new revenues by $83.6 million, implemented $38.8 million in administrative and operating cost reductions, and cut $18.8 million in services. These changes have required an extraordinary effort on the part of DPH employees and contractors, who are working in an increasingly difficult environment. Because I do not believe we can propose additional revenues or operating cost reductions at this time, the Department has been working on four scenarios pursuant to the Mayor's instructions.

  Two of the scenarios involve major cuts in service on top of cuts previously proposed to you. Another scenario involves deferring civil service salary increases and contractor COLAs, for a savings of $23 million. In addition, the Department is proposing a complete restructuring of the financial relationship with the City that we believe will provide great efficiencies in the long term, with about $5 million in savings in 1993-94. These scenarios are detailed in the budget presentation scheduled for today. Also included in the information is a detailed summary of the general fund reductions in the last two and a half years.

  Yesterday, President Jackson, Commissioner Kaufman, our Division heads and I met with the Mayor and his staff to discuss these proposals. The Mayor expressed great concern about the impact of the additional service cuts and reiterated the magnitude of the City's deficit. He also indicated his support to work further with DPH in detailing the financial restructuring proposal.

  The potential benefits in changing the financial relationship between the City and DPH have previously been recognized by the Mayor's Fiscal Advisory Committee (MFAC), the Controller's Office, and Peat Marwick. I will continue to keep the Commission informed on progress in moving forward with this proposal.

- Update on Managed Care: On Friday, April 2, the State Department of Health Services issued its final strategic plan to implement managed care. The plan is much expanded and revised from the draft version, and provides more flexibility to local communities. However, we will continue to analyze the plan to see how it will specifically fit with our planning in San Francisco. The Department must still work in concert with traditional safety net providers and other stakeholders in the community to implement managed care over the next two years. In the Commission materials, I have included a summary of the State plan and a summary of major events since the last time I reported to you for your review today.

- Mayor's Fiscal Advisory Committee: As reported at the last meeting of the Health Commission, I have requested the assistance of the Mayor's Fiscal Advisory Committee (MFAC) to evaluate the Department's staffing for contract management, particularly in view of the administrative cuts we have taken in the past two years; to assess the feasibility of using indirect cost allocations from grants to create an "auditor general" position and fund additional audit staff; and to initiate enhanced monitoring of accounting and financial management among private contractors. I have received a positive initial response and am awaiting confirmation of MFAC's support.

- Public Health Week Activities: Activities based on this year's theme, "Public Health: An Investment In The Future", will be taking place this week to celebrate Public Health Week and the 100th Anniversary of Public Health Nursing. An exhibit commemorating a Century of Public Health Nursing is on display all week in the City Hall Rotunda. Other events scheduled during the week are:

  - Monday - "Apple Anything Contest", a Department-wide apple dessert contest. Tina Huie, Environmental Health Inspector, was the winner of a $50 gift certificate.

  - Tuesday - Brown Bag Seminar, "Hunt For Hidden Fat" by Catherine Wong, Health Center #4 nutritionist.

    Health Commission Meeting - presentations of Mayor's Proclamation and Board of Supervisors' Certificate of Honor and presentations of DPH Employee Recognition Certificates. The following DPH staff will be honored for outstanding service to the Department:

San Francisco General Hospital	Ms. Gloria Garcia-Orme Ms. Grad Green
Laguna Honda Hospital	Mr. Alforna Harrell Mr. Sam Lee
Mental Health	Dr. Juanita Hall Dr. Carmenza Rodriquez
Substance Abuse	Ms. Yvonne Frazier Ms. Letty Villacampa
AIDS Office	Ms. Michelle Long Dixon Mr. Bill Haskell
Central Office:	Ms. Deborah Alvarez Mr. Ken Sato
Community Public Health	Ms. Pauline Birthwistle Ms. Agnes Morton Ms. Geri Peoples Mr. Peter Vaernet Ms. Fanny Wu Mr. Ivan Zelaya

- Wednesday - DPH forum: "Violence As A Public Health Issue", 12:15-4:30 p.m., UCSF Laurel Heights, 3333 California Street.

- Friday - "Exercise: How To Get A Lot Out Of A Little", 12 noon - Room 300.

  "Walk For Fitness", moderate and slow pace, 12:30 pm, meet in Lobby - 101 Grove Street.

- DPH Emergency Preparedness: In conjunction with the Mayor's Office of Emergency Services, planning has been taking place to activate the DPH Incident Command System in the event of any local incidents related to the King trial now taking place in Los Angeles. A verdict in the King trial may be forthcoming by the end of this week. DPH will be working closely with the Mayor's Office to provide assistance in the event of an emergency alert.

SAN FRANCISCO GENERAL HOSPITAL

- Accreditation: The results from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) were received by San Francisco General Hospital on March 18. Overall, SFGH did very well and has received its 3-year accreditation. Neither Nursing nor the Medical Staff received a Type I Recommendation.

  I believe this is the best survey result that SFGH has ever received. Mr. Cordova and the hospital staff are to be congratulated for their achievement and acknowledged for their hard work and dedication. Especially noted by the accreditation surveyors was the spirit and pride of the employees. Commissioner Rosenstiel and former Commissioner Chow are thanked again for their Joint Conference Committee leadership in this process.

- Insurance Fraud: Since late 1991 San Francisco General Hospital has been conducting an investigation, in conjunction with the City Attorney's Office, into allegations that the names of accident victims were sold to "cappers", or recruiters, for law firms referrals to outside medical clinics for the purposes of insurance fraud. I was fully informed of the ongoing investigation. We were advised not to take any actions that could jeopardize completion of this investigation.

  Last Thursday, April 1, the State Insurance Commissioner, in conjunction with the District Attorney, released a story to the press involving an undercover investigation of this same case.

  The press release emphasized that SFGH and its administration are not suspected of any wrongdoing. Unfortunately, there was no advance notice to the hospital, and the article did not acknowledge that the hospital and the City Attorney originally initiated the investigation.

  We will continue working with the authorities to complete these investigations. Now that this investigation is public, the hospital has dismissed the employee under investigation and discussed the case in an open staff meeting for all hospital personnel.

- Civil Grand Jury Report on Overtime at SFGH: In recent news articles on the Civil Grand Jury report on city agencies and overtime, two SFGH employees, a morgue attendant and an institutional police officer, were mentioned.

During the past six months, the Security Division has been short six officers. In order to maintain minimum staffing levels and to insure a safe environment for patients, employees, and visitors, it is necessary to use overtime for those staff who are willing to work the extra hours.

The other SFGH employee involved is the hospital's only morgue attendant, who is on-call 24 hours a day, 365 days a year for body pick-up. The Pathology Department made a business decision to use one employee because it is more cost effective to have an attendant on-call/callback pay compared to staffing the position for 24 hour, 365 days a year.

Prior to the news article and Grand Jury report, controls had already been placed on the use of overtime.

- "Best Employer" Award: RIDES for Bay Area Commuters, Inc. has selected San Francisco General Hospital as one of the "100 Best Employers for Area Commuters" for 1993. This award is based on SFGH's transportation program, which was found to be comprehensive, innovative, and effective. The hospital's transportation program includes employee car pooling and shuttles to leased parking lots. The judges were impressed with management support for the program and the hospital's involvement in transportation issues for its employees and the neighborhood.

LAGUNA HONDA HOSPITAL

- Medical Director Appointment to State Committee: Mary Anne Johnson, M.D., Laguna Honda Hospital's Medical Director has been appointed by State Health Director, Molly Coye, M.D. to serve on a statewide committee to evaluate and recognize "best practices" in nursing facilities throughout the state. It is hoped that a publication of these best practices will be available at some future date.

- Overtime Usage at LHH Within Budget: There was recent press coverage of the Civil Grand Jury report about citywide overtime use that mentioned Laguna Honda Hospital. In order to place this in proper perspective, Mr. Wagner would like to point out that the Grand Jury's report simply noted LHH as one of the ten largest departments, and that all ten need to manage their overtime use. In fact, LHH remains within its budgeted overtime allocations and no full-time or part-time employees have exceeded their base salary by 16%.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office - European Study on AZT: A European study comparing early use of AZT with use of AZT only when CD4 counts dropped found that there was no difference in the time to development of AIDS. This study has been interpreted by some to mean that early intervention with AZT is not effective.

  However, this study contradicts other research showing that AZT is effective as early intervention. There were also methodologic problems with the study, including that only monotherapy with AZT was allowed. Most clinicians at this point would recommend combination antiviral therapy in patients who progress on AZT.

  There are other studies in progress to address the optimal time to begin AZT. Until the studies are complete, treatment decisions should be individualized through discussion between clinician and patient of the pros and cons of therapy.

- AIDS Office - Supplemental Appropriation: On March 24, the Budget Committee of the Board of Supervisors, approved a HIV supplemental appropriation of $179,264.00, sponsored by Supervisor Carole Migden. These funds will be used to expand the capability of the District Health Centers to provide care for HIV infected persons. Included in the supplemental are salaries for 19 positions including physicians, nurses, social workers, nutritionists, and support staff. The appropriation supports DPH efforts to decompress the patient load at Ward 86 of San Francisco General Hospital by providing comprehensive services at the Health Centers.

- AIDS Office - Comprehensive HIV Prevention Act: Last week, Congresswoman Pelosi introduced the Comprehensive HIV Prevention Act. The bill calls for a significant increase in federal spending for HIV prevention activities. Federal funds would be allocated to localities which, in turn, would establish local planning councils similar to Ryan White Planning Councils. The bill also establishes a mechanism for coordinating the prevention efforts of the Federal Government, including the Centers for Disease Control and Prevention, National Institute for Health, Substance Abuse Mental Health Services Administration, and the Health Resources and Services Administration.

- AIDS OFFICE - Shanti Project: Mitchell Katz, Director, and Mr. Jimmy Loyce, the Associate Director of the AIDS Office have continued to meet with the Board of Directors to coordinate maintenance of Shanti services while the AIDS Office completes its investigation of financial mismanagement. The Department has already required Shanti to fulfill a number of stringent conditions including full reconciliation of its 1991-92 expenditures and repayment of all funds that were not spent according to contractually approved line items. We will continue to update the Commission on the AIDS Office investigation and on Shanti's progress in meeting these conditions.

  On Friday, April 2, the Board of Directors of Shanti Project announced that the Executive Director and the Deputy Director had resigned. The Housing Director of Shanti Project, Paul Lambros, was appointed interim Executive Director.

- CFIDS Award Dinner: The Chronic Fatigue Immune Deficiency Syndrome (CFIDS) Foundation Courage Awards Dinner was held on April 1 at the St. Francis Hotel. Among the eight honorees were Florence Stroud, Senior Deputy Director of Health and Melinda Paras, Health Commissioner. The honorees were selected for their contributions in some significant or courageous way to increase the awareness of CFIDS as a legitimate clinical condition.

FORENSIC SERVICES

- Civilian Humanitarian of the Year: Ingrid Winikoff, RN, has been selected as the "Civilian Humanitarian of the Year" by the Friends of San Francisco Deputies and Inmates. Ms. Winikoff was nominated by the medical staff for demonstrating exemplary qualities of humanitarianism, fairness and judgment in the performance of duties and performing beyond the range of expected work behavior. The awards committee chose her among a number of other civilian employees working with the SF Sheriff's Department.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- People's Earth Day 1993: Toxics staff will be participating in People's Earth Day 1993 at Bayview/Hunter's Point community. The Redevelopment Agency has provided $80,000 to the Bayview/Hunter's Point community for the event

that will include environmental information, toxics tours, green vendors, health fair and workshops. DPH staff will provide information on asbestos, air pollution, underground storage tanks, and information on the status of Hunter's Point Naval Shipyard cleanup.

- UCSF Medical Waste Management: At the request of UCSF, Scott Nakamura, Hazardous Waste Program Manager, presented an overview of the medical waste management ordinance program to representatives of the UC system.

MARCH STATISTICS

- AIDS Statistics (from 7/1/82 to 3/31/93)

Total San Francisco cases:	15,543
Total San Francisco deaths:	10,388
Total S.F. cases for March:	623*
Total S.F. deaths for March:	148

Includes non-residents treated in S.F.
*Includes 531 cases meeting the new (1993) definition of AIDS.

- Laguna Honda Hospital

Average Daily Census:	1,123
Acute Services:	9
Clarendon Hall:	165
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	80
(17 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	4

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	March			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS	220	232	92*	530	497	1930*
Campylobacteriosis*	78	68	45	169	163	146
Giardiasis*	26	21	35	72	69	63
Hepatitis A	24	53	19	64	131	55
Hepatitis B	15	8	5	20	29	16
Salmonella*	30	12	25	60	31	49
Shigella*	37	22	17	77	68	51
TB	25	40	38	78	91	95
Gonorrhea	314	296	243	899	781	529
Syphilis	85	48	17	196	138	42

Includes cases meeting 1993 definition of AIDS.
*Resident cases only.

All other March statistics will be reported at the next meeting of the Health Commission.

5) PUBLIC HEALTH WEEK ACTIVITIES

President Jackson presented to Dr. Baxter a Proclamation from Mayor Jordan in celebration of Public Health Week. Vice-President Rosenstiel presented to Flo Stroud a Proclamation from the Board of Supervisors in honor of Public Health Week.

As indicated in his Director's Report, Dr. Baxter and President Jackson presented Department of Public Health employees with Certificates of Appreciation in honor of Public Health Week.

6) CONSIDERATION OF A RESOLUTION ON A WELLNESS DAY

President Jackson read the proposed resolution #6-93 (Attachment A).

Action Taken: The Commission unanimously adopted Resolution #6-93.

7) UPDATE ON MANAGED CARE

Dr. Baxter provided an overview of managed care, including Department, local and State developments. For copies of the report, contact the Commission Office (554-2666). Since the latest information on the State Plan for Managed Care just became available, Dr. Baxter recommended that Managed Care be continued to the next Commission meeting of April 20, 1993.

8) UPDATE AND DISCUSSION OF PROPOSED FURTHER REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH 1993-94 BUDGET

Dr. Baxter presented his response (Attachment B) to the Mayor's Office request for additional reductions in the Department of Public Health 1993-94 budget.

President Jackson acknowledged the Department's hard work in producing the four scenarios. He emphasized that the Commission and the Department are in partnership with the City to work on ways to address the budget deficit. President Jackson stated that Scenarios #2 and #3 are totally unacceptable to him.

Commissioner Rosenstiel expressed his concern that the Department is being asked to come up with a disproportionate share of cuts and that these budget cuts are an unacceptable sacrifice from the Department. He does not think these proposed further reductions are consistent with the Department's mission; that these cuts are too burdensome for the Department; and that everyone has to share this burden. He supports Scenario #4, which is consistent with the Fiscal Crisis Task Force (on which he serves in a workgroup), which is recommending a similar model allowing DPH to be more flexible.

Commissioner Castaneda commended the Department staff for their report. She supports Scenario #1 and objects to #2 and #3, especially cutting the clinics.

Commissioner Kaufman stated that Scenario #1 is not the Commission's decision. Nor can the Commission negotiate for employees. She advocated to the public to inform the Mayor and the Board of Supervisors of its concerns.

Commissioner Ludington stated he did not favor any one of the proposed cuts. He emphasized the need to increase revenues by raising taxes. With these budget cuts, the Department cannot continue to do business; and if the Department's infrastructure continues to be eroded, more problems will come up in other Departments. He also encouraged the public to inform the Mayor and the Board of Supervisors.

Commissioner Marton stated that the City got to this point because of problems with the health care system. He believes Scenario #1 is a short-term solution; Scenarios #2 and #3 are immoral options; and Scenario #4 offers the necessary change in financial structures to allow creativity. He also thinks that Scenario #2's cost savings are optimistic; and Scenario #3 would increase costs to other Departments.

Commissioner Paras expressed her uncomfortableness with Scenario #1 in that employees carry the burden and that cutting COLA's to contractors could decrease services. She also raised the issue of governance with any significant change in financial structures. Scenarios #2 and #3 are not acceptable to her; and increased revenues should be looked at from the viewpoint of supporting specific populations (i.e. - homeless). She encouraged Commissioners to work with the Board of Supervisors and the Mayor.

President Jackson reported that he, Commissioner Kaufman (Chair of Budget Committee), and Dr. Baxter met with Mayor Jordan on April 5, 1993 to describe the impact of the four scenarios and felt that the Mayor responded positively to their concerns.

Public Speakers:

Amelia Morgan, Mental Health Board (letter submitted).
Sheila Cohen, S.F. Community Clinic Consortium
Enola Maxwell, Potrero Hill Neighborhood House
Evelyn Lee, NICOS Plus
Louis Dunn, Citywide Alcohol Advisory Board
Ann Jennings, SFGH Community Advisory Board
David Ishida, Director of the Commission on the Aging
Nathan Nayman, Hospital Council
Jonathan Vernick, Baker Places
Steve Fields, Progress Foundation
Joseph Cronin, Conard House
Minda Dizon, Crestwood
Patty Blumin, Crestwood
Iden Bromfield
Alan Jamison, Canyon Manor
Alicia Wilson, Mental Health Association of SF (letter submitted)
Helen Ripple, North of Market Senior Services (letter submitted)
Karen Klein, Mental Health Association of S.F.
John Boatswistle, Jr., S.F. Drug Abuse Advisory Board
David Brigade, Housing for Independent People
Gregory Senegal, Walden House, Inc.
Michelle Aldrich, S.F. Drug Abuse Advisory Board
Jerry Veverka, Alliance for the Mentally Ill
Phyllis Spanglet, Depressive/Manic Depressive Association
Susan Rosenthal, SEIU Local 790
Eve Meyer, S.F. Suicide Prevention
Judy Seto, Davies Medical Center
Alex Jestrab, S.F. Adult Day Health Network
Eileen Church, Sunset Mental Health
Tony Leone, Secretary-Treasurer Drug Abuse Advisory Board
Don Vincent, Stationary Engineers Local 39
Arlene Jech, concerned citizen
David Fariello, President, Mental Health Contractor

President Jackson thanked everyone for their attendance and participation in the public hearing.

Action Taken: The Commission adopted Resolutions #7-93 (Attachment C), submitted by Commissioner Rosenstiel, to be sent to the Mayor and the Board of Supervisors.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 6-93

RESOLUTION FOR A SAN FRANCISCO WELLNESS DAY

WHEREAS, the Health Commission and Department of Public Health support prevention activities and wellness to help reduce the cost of health care; and

WHEREAS, resources available for prevention activities are diminishing and the private and public sectors need to collaboratively promote wellness from a citywide perspective; therefore,

BE IT RESOLVED, that the Health Commission with the Department of Public Health promote a 1993 citywide Wellness Day on September 2, 1993 in the City and County of San Francisco; and be it

FURTHER RESOLVED, that the Health Commission and Department of Public Health, in collaboration with the private sector, the San Francisco Board of Supervisors, and the Mayor, establish a Blue Ribbon Planning Committee to organize the Wellness Day for the benefit of all San Franciscans.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A

City and County of San Francisco

Department of Public Health

Raymond J. Baxter, Ph.D.
Director

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond J. Baxter, Ph.D.
Director of Public Health

Re: Response to the Mayor's Office request for additional reductions-- 1993-94 budget

Date: April 5, 1993

This responds to the Mayor's Office request for additional reductions to our 1993-94 budget proposal. In our first 1993-94 budget proposal to you, we presented a budget pursuant to the Mayor's Office instructions that did not increase our General Fund allocation, despite significant anticipated cost increases. In order to do this, we proposed $32 million in revenue increases, administrative and operating cost reductions, and service cuts. As in our proposals to you over the last two years, we tried to minimize service cuts by raising revenues and cutting administration as much as possible. However, as a result of our aggressive efforts in previous years to increase revenues and cut administration, we had fewer opportunities to do this and had to present you with a proposal that included about $9 million in painful service cuts, mainly in mental health and substance abuse.

We now find ourselves in an extraordinarily difficult situation. The Mayor's Office has asked us to present a "worst case" scenario for an additional $25 million in cuts. This would amount to a total of $57 million in general fund cuts for next year. Had we not covered our anticipated cost increases, the DPH would need $182.4 million in 1993-94 general fund contribution to provide the same services we provide today. A $57 million cut represents 31 percent of that amount.

We are unable to propose any further revenue increases or administrative or operating cost reductions. We believe that it will be a significant challenge to achieve the ones we have recommended so far this year, especially considering the cuts we have made over the past two years. Attachment 1 details these changes. Since 1991-92, we have raised $83.6 million in new revenues, implemented $38.8 million in administrative and operating cost reductions, and cut $18.8 million from our services. These changes have required an extraordinary effort on the part of our employees and contractors, who are working in an increasingly difficult environment.

Furthermore, these additional cuts would come at a time when the State is mandating radical changes to the health care delivery system in San Francisco by requiring us to implement managed care. We must not only take a leadership role to help design this new city-wide system, but also completely re-tool our own delivery system. This will require major operating changes and some strategic investments, not cuts.

As a result of this, we cannot approach these cuts the way we have in the past. Instead, we have chosen to lay out four different scenarios. These scenarios are as follows:

I. Defer salary increases for civil service employees and cost-of-living increases for contractors. Our costs are growing primarily due to salary standardization and contractor COLAs. Approximately two-thirds of the estimated additional costs of providing 1992-93 service levels in 1993-94 are due to salary standardization and contractor COLAs. Although we theoretically have a choice whether or not to grant COLAs to our contractors, we have chosen to do so in the past because of the disparity in what they are paid to do virtually the same work as our civil service programs. We believe not granting these increases is the most logical solution because of the alternative: devastating service cuts to our client population. By eliminating salary increases and COLAs in 1993-94, we could save $23 million.

II. Cut according to the Mayor's instructions, but try to preserve services to our most vulnerable populations. These cuts involve a major downsizing of our entire health care service system and large administrative and service reductions, including major inpatient cuts at San Francisco General Hospital and Laguna Honda Hospital. We attempt to meet our legal mandates and to preserve basic public health services and some services to the severely mentally ill, the homeless, and substance abusers. However, this proposal would sharply restrict our ability to participate in a managed care system--we would close 5 of 9 primary care clinics and reduce our outpatient capacity at SFGH by about one-third. The failure to compete in managed care would in turn threaten up to $120 million in DPH Medi-Cal revenues, which would also jeopardize our ability to provide other basic public health and mental health services.

III. Cut according to the Mayor's instructions, but preserve our ability to participate in a managed care system. Alternatively, we could preserve our ability to compete in managed care, but it would mean more devastating cuts to mental health and substance abuse services. In a managed care environment, the primary care clinics would be the backbone of our health care network, providing referrals to the rest of the system. Under this scenario, all of our health centers would remain open, but our mental health system would serve

about one-third of the clients it serves today, and substance abuse services would also be greatly reduced. This scenario also entails a major downsizing of our entire system, including proportional administrative cuts and major inpatient cuts at SFGH and LHH.

Both of these proposals are devastating to the system, and we can not stand comfortably behind either. We have investigated a number of alternatives, but given cuts of $57 million, these appear to be the only sort of options available to us. For example, we explored alternatives that would have cut SFGH dramatically, but because of the way Medi-Cal disproportionate share reimbursement works, these alternatives would have ended up actually costing the general fund money. We provide additional details about these scenarios in Attachments II and III.

IV. Restructure the financial relationship between the DPH and the City and County. The combination of the economic environment and the radical changes taking place in health care mandate changes in our working relationship with the City, if we are to survive. This alternative does not save the City $25 million in 1993-94, but we believe it has the ability to make our operations much more efficient over time. We are asking that the City work with us to plan these changes over the next three years, and make specific changes in the next year that we believe could save as much as $5 million without any additional service reductions beyond those detailed earlier this year For this proposal, contact the Commission Office (554-2666).

In summary, we believe that if we must cut an additional $25 million from our budget, the only acceptable way is to freeze salaries and COLAs. We also believe that we must change our financial relationship with the City if we are to survive in this highly competitive health care market and continue to provide services to the most needy populations.

Attachment One
Summary of Department of Public Health
Budget Proposals 1991-92 to 1993-94

Over the last two and a half years the State of California and the City and County of San Francisco have been faced with a declining economy resulting in unprecedented budget cuts. The City, including the DPH, has been forced to cover cost increases through a variety of revenue proposals, cost controls, and service reductions. As a result, the Health Department has been forced to reduce its reliance on the general fund at the same time it faced unavoidable cost increases and growing service demands. This documents summarizes some of the significant budget proposals developed and implemented by the Department of Public Health since 1991-92.

Budget Proposals 1991-92	Budget Proposals 1992-93	Budget Proposals 1993-94	Additional $25 million target
Maximizing Revenues: $83.6 million			
The DPH has been able to substantially increase revenues through a variety of new business plans, improved billing and eligibility practices, and by aggressively pursuing legislation to increase federal and state matching dollars. Revenue increases have also been achieved by having divisions work together closely to maximize every available revenue source and improve patient services. The DPH has successfully secured substantial grant revenues to enhance services, including family planning, substance abuse, and HIV related services. For example, in 1991-92 and 1992-93 the DPH received $33.8 million in Ryan White CARE funds and we anticipate another $28.3 million for 1993-94. As a result, by 1993-94 will anticipate adding $62.1 million in new HIV related services, none of which is dependent on the general fund.			
$19.2 million	**$52.1 million**	**$12.3 million proposed**	None
• Increase Medi-cal, Medicare and other payments at LHH $2.8 million, SFGH $4.1 million, DMSF $1.2 million • Improve charge capture at SFGH $8.2 million	• SFGH revenue. SB855 revenue, $28 million., Business Plans, $4.8million, other revenues, $9 million. • LHH revenue: SNF rate increase, $10.5 million. • Primary Care revenues: $500,000	• SFGH: business plans, rate hikes, and decreasing decertified days, $7.0 million • LHH improved ancillary charges, $1.3 million and acute rehab charges, $500k. • DMSF rehab. rate, $700,000. • CHS SB910, $1.5 million, BEH fee increase, $300,000.	

BUDGET PROPOSALS 1991-92	BUDGET PROPOSALS 1992-93	BUDGET PROPOSALS 1993-94	ADDITIONAL $25 MILLION TARGET

Administrative Cuts and Management Efficiencies: $38.8 million

DPH has reviewed its organizational structure to cut administration, streamline operations and achieve significant cost savings over the last two and a half years. The proposed 1993-94 budget includes 5,878 positions (prior to an additional $25 million cut) down from 6,047 in 1990-91. Between 1989 and 1992 the DPH reduced the number of senior administrative positions by 23 percent, to 131 employees (Affirmative Actions Status Report, 1992). In 1992-93 less than one percent of the DPH workforce are senior administrative positions earning over $85,000 annually. All licensed clinical directors in mental health, the director of the AIDS Office and the Director of Community Public Health Services also maintain active clinical practices.

$11.5 million	**$15.8 million**	**$11.5 million proposed**	**$5 to $23 million proposed**
Administrators Earning $75,000+			
• 2 Assistant Hospital Administrators, 3 Assistant Directors of Nursing (ADN), 4 Clinical Directors, 1 Branch Director, 1 Budget Director, Downgrade 1 Clinical Director	• 1 Associate Director, 1 Finance Director, 1 Assistant Hospital. Administrator, 3 Assistant. Directors of Clinical Services I, 1 Supervising Public Health Nurse, 1 ADN	• 1 Assistant Director of Nursing, 2 Assistant Directors of Clinical Services I, 1 Supervising Public Health Nurse, 0.5 Director of Public Health Nursing, 1 Director of Clinical Services	
Admin./Program Consolidations			
• Community mental health services targeted the consolidation of 12 programs into five sites • Consolidate 2 involuntary psychiatric services. • Consolidated the budget and planning functions in DPH.	• Consolidate AIDS and CPHS administration in Community Health Services. • Inpatient and outpatient administration at SFGH. • Mental administration, $700,000. Consolidation of adult community mental health programs.	• Consolidate grants management office with AIDS and CPHS. • Consolidated 23 AIDS medical service contracts • Consolidate adult community mental health civil service and contractor programs into four Clusters of care.	

BUDGET PROPOSALS 1991-92	BUDGET PROPOSALS 1992-93	BUDGET PROPOSALS 1993-94	ADDITIONAL $25 MILLION TARGET
Administrative Cuts and Management Efficiencies: $38.8 million			
$11.5 million	**$15.8 million**	**$11.5 million proposed**	**$5 to $23 million proposed**
Other Management Efficiencies • LHH: Operating expenses including phone, light, heat, materials and supplies, training, etc., $670,000 • SFGH: Purchasing Discount Program, $700,000, changes in Clinical Lab ordering practices, $430,000, other operating savings, $1 million. • DMSF: COLA's, $600,000.	• SFGH: Transfer 10 Hospital Eligibility Workers to DSS, $500k, Admin. cuts, $500k. • LHH & DMSF: Operating expenses including phone, heat, materials and supplies, training, etc., $2.8 million • CHS: Operating and MIS, $1 million. Automate the Health Centers and Contracts Unit.	• SFGH: Cut 12 positions in administration and 17 in finance, $1.4 million. Pharmacy savings through prime vendor and group purchasing, $1.5 million. • LHH: Staff and operating reductions of $1.1 million • DMSF: Bill contracts for fee-for-service, $400,000.	• Eliminating salary standardization and contractor COLA's could save $23 million in 1993-94 • Restructuring the financial relationship between the DPH and the City could save $5 million in 1993-94.
Productivity (skill/service mix) • All divisions were required to increase workload with fewer staff resources.	• All divisions were required to increase workload with fewer staff resources. • Eliminate IMD patch at Cordilleras, sell 10 Napa beds, $1 million, sell 20 Napa beds transfer clients to IMD's $780k., sell 8 Gero-Psych beds and buy 26 IMD beds, $319k.	• All divisions will be required to increase workload with fewer staff resources. • Nursing skill mix changes at SFGH, $300,000 savings • Nursing skill mix changes at LHH, $500,000 savings. • Nursing skill mix changes at Forensics, $300,000. • Contract Home Health Agency, $433k.	

BUDGET PROPOSALS 1991-92	BUDGET PROPOSALS 1992-93	BUDGET PROPOSALS 1993-94	ADDITIONAL $25 MILLION TARGET

Service Reductions: $18.8 million to $40.9 million

Over the last two and a half years the Health Department developed a set of budget principles and implemented budget cuts that minimized service reductions wherever possible. Even with the Department's aggressive revenue generation and administrative and operating reductions, $900,000 and $8.7 million in service reductions or delays were implemented in 1991-92 and 1992-93 respectively. Many of these service reductions were due to Proposition A early retirement of clinical staff. With a general fund reduction totaling $57 million for the 1993-94 fiscal year, the DPH has exhausted its current options to increase revenue and reduce administrative and operating costs. For 1993-94 the DPH proposes to cut $9.2 million in services in round one and an additional $23 million in round two. These proposed reductions do not include anticipated cuts in health by the State.

$900,000

- DMSF: $889,000 of outpatient mental health programs were reduced.
- CPHS: Seniors prevention program reduced.

$8.7 million

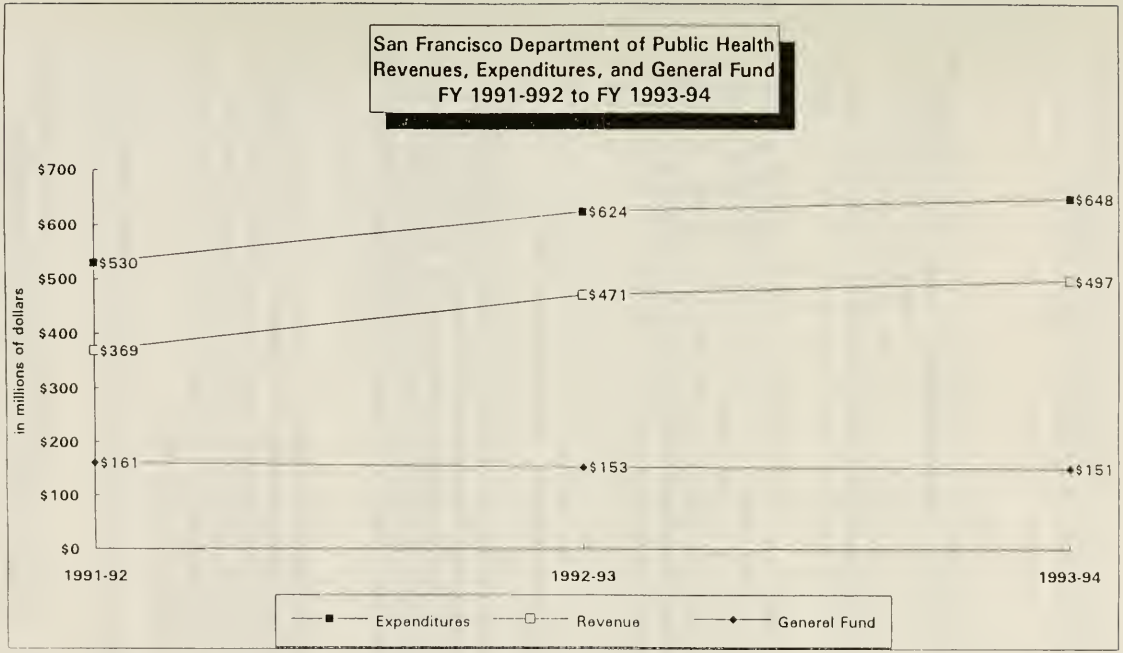
- CPHS: lost 12 Public Health Nurses, 7 Nurses, 4 Doctors, 1 Nurse Practitioner, 5 Social Workers, 5 Health Workers, 2 Physical Therapist and 1 Lab Tech. Delayed child lead program, mammography van and HIV primary care serv.
- Laguna Honda Hospital reduced admissions through September 1992, an average of 17 patient days per month.
- DMSF: Reduced nursing capacity at County Jail #7 and closed Sunset/Parkside, 29th Street and Team II Clinics.
- Increased diversion at SFGH and reduced inpatient census

$9.2 million proposed

- Cut $3.8 million in adult community mental health and 2 additional Napa beds
- Cut $1.9 million in substance abuse services including eliminating most methadone detoxification service, closing Harriet Street, Mission Council and Westside Tenderloin Detox Centers.
- Cut $1.7 million at SFGH including paramedics, reductions in medical clinic and nutrition services, and 15 ward beds.

$21 to $23 million proposed

- Both Scenarios: Reduce 80,000 outpatient visits at SFGH, cut 40 ward beds. Cut 350 patients from LHH and accept admits only from SFGH.
- Vulnerable Populations Scenario: Close 5 of 9 health centers and reduce mental health services by an additional $6.4 million.
- Managed Care Scenario: maintain the health centers but cut an additional $13 million from mental health.



The dollar amounts in this graph are derived from the DPH Program budgets submitted to the Mayor's Office. These dollar amounts are based on proposed revenues, expenditures and general fund, for 1992-93 and 1993-94.

ATTACHMENT TWO

SCENARIO TWO: DOWNSIZE THE ENTIRE SYSTEM, BUT AS MUCH AS POSSIBLE PRESERVE SERVICES TO THE MOST VULNERABLE POPULATIONS

Total savings: $21 million

San Francisco General Hospital--$7.4 million savings
SFGH continues as the City's trauma center and maintains support of the paramedic division and the emergency room. This proposal would increase critical care and step down beds by 12 while reducing ward capacity by 54 beds. SFGH would maintain psychiatric census at 84, in order to maintain services to the most vulnerable in our system.

SFGH would reduce ambulatory care services by 82,000 visits, to 178,000. Specialty clinics will be maintained in order to support the trauma-related discharges and because the same provider staff for surgical services currently provide both inpatient and outpatient care. These services will also be available for consultation and referral for the community based clinics. For the most part, patients would have to seek primary care services outside of the DPH, with the exception of children, and those seeking perinatal and HIV services.

As part of this scenario, SFGH would eliminate all methadone services and reduce its support of the poison center to its fair share, from $600,000 to $300,000.

With these cuts, SFGH would save $7.4 million in 1993-94, and would eliminate approximately 225 FTE employees. Revenues would drop by $6.5 million. This proposal assumes that payor mix would stay the same and that SB 855 revenues would not be reduced. In order to do so, SFGH will have to carefully monitor unsponsored utilization, and wait times for services to unsponsored patients will greatly increase.

Laguna Honda Hospital--$1.8 million savings
Laguna Honda Hospital would limit its services to discharges from SFGH, and reduce its census by 300. To implement this change, it would close 300 beds, including all of Clarendon Hall. Admitting SFGH referrals at a rate of 40 per month coupled with approximately 70 general SNF discharges and deaths per month would take at least eight months to reach the target census of 800.

As part of this scenario, LHH would also close the Adult Day Health Center and the Senior Nutrition Program.

This scenario saves approximately $1.8 million general fund in 1993-94, $400,000 of which would come from eliminating the ADHC and Senior Nutrition programs. Revenues would drop by $18 million. It would also eliminate about 332 FTE employees.

Division of Mental Health, Substance Abuse and Forensics--$6.3 million savings
This scenario attempts to preserve services to the most vulnerable in our system. In doing so, the department attempted to reduce reliance on high cost institutional care, retain revenue producing functions, preserve services to children and geriatric clients, and retain conservatorship services, homeless services, supportive housing, vocational rehabilitation, case management, and residential care services. Forensics services are preserved at their current levels pursuant to the consent decree.

Mental health services would reduce 250 of 7500 outpatient/day treatment clients, eliminating 2 clinics; 30 of 200 state hospital clients; 40 of 700 skilled nursing clients; and 350 of 1200 residential treatment clients, eliminating 6 programs for a total savings of $5.1 million in 1993-94.

Substance abuse services would reduce 500 of 6400 outpatient and detox clients and 100 of 2000 residential treatment clients, for a total savings of $1 million.

The rape treatment center would reduce services to 200 of 550 clients, for a total savings of $200,000.

Community Health Services--$5.5 million savings
Under this scenario, the DPH would retain basic public health and environmental health services, but would dramatically reduce primary care services. The basic public health functions to be preserved include public health nursing, dental, health education, lab, maternal and child health, environmental health, or toxics services.

The largest single cut, saving $4.5 million, would be achieved by closing 5 of 9 health centers and reducing 44,000 primary health care visits Services to children and HIV and perinatal services would be preserved. In addition, a number of contracts would be cut: over 1800 seniors would no longer receive medication education, 14,000 out of a total of 125,000 units of service to homeless and indigent clients would be reduced, 7,300 of 13,250 medical and social service visits to indigents would be reduced, and the DPH would reduce its capacity to do epidemiological oversight and surveillance. In CPHS, these cuts total $5.3 million.

In AIDS services, DPH would reduce some prevention services--follow-up on missed appointments and group training for health care providers These cuts total $257,000.

SCENARIO THREE: DOWNSIZE THE ENTIRE SYSTEM, BUT AS MUCH AS POSSIBLE PRESERVE DPH ABILITY TO PARTICIPATE IN MANAGED CARE

Total savings: $22.7 million

San Francisco General Hospital–$7.4 million savings
At SFGH, this scenario is essentially the same as scenario two, except that 20 acute psych beds are closed as part of the much greater cut in DMSF.

SFGH continues as the City's trauma center and maintains the support of the paramedic division and the emergency room. This proposal would increase critical care and step down beds by 12 while reducing ward capacity overall by 54 beds. SFGH would reduce psychiatric census by 20 to 64 as a result of cuts in the mental health system.

SFGH would reduce ambulatory care services by 82,000 visits, to 178,000. Specialty clinics will be maintained in order to support the trauma-related discharges and because the same provider staff for surgical services currently provide both inpatient and outpatient care. These services will also be available for consultation and referral for the community based clinics. For the most part, patients would have to seek primary care services in the DPH community clinics. Pediatric and HIV services will be maintained.

As part of this scenario, SFGH would eliminate all methadone services and reduce its support of the poison center to its fair share, from $600,000 to $300,000.

SFGH would save $7.4 million in 1993-94, and would eliminate approximately 225 FTE employees. Revenues would drop by $6.5 million. This proposal assumes that payor mix would stay the same and that SB 855 revenues would not be reduced. In order to do so, SFGH will have to carefully monitor unsponsored utilization, and waits for service for unsponsored patients will greatly increase.

Laguna Honda Hospital--$1.8 million savings
This scenario remains the same as scenario two.

Laguna Honda Hospital would limit its services to discharges from SFGH, and reduce its census by 300. To implement this change, it would close 300 beds, including all of Clarendon Hall. Admitting SFGH referrals at a rate of 40 per month coupled with approximately 70 general SNF discharges and deaths per month would take at least eight months to reach the target census of 800.

As part of this scenario, LHH would also close the Adult Day Health Center and the Senior Nutrition Program.

This scenario saves approximately $1.8 million general fund in 1993-94, $400,000 of which would come from eliminating the ADHC and Senior Nutrition programs

Revenues would drop by $18 million. It would also eliminate about 332 FTE employees.

Division of Mental Health, Substance Abuse and Forensics--$13 million savings
In order to preserve primary health care services, mental health and substance abuse services must be reduced much more dramatically than in scenario two. The department used most of the same principles in defining these cuts: reduce reliance on high cost institutional care, retain revenue producing functions, preserve services to children and geriatric clients, and retain as much as possible conservatorship services, homeless services, supportive housing services, vocational rehabilitation services, case management, and residential care services. Forensics services are preserved at their current levels pursuant to the consent decree.

Mental health services would reduce 500 of 7500 outpatient/day treatment clients, eliminating 3 clinics; 400 of 800 supportive housing clients, eliminating 5 programs; 40 of 200 state hospital clients; 200 of 1600 inpatient and emergency clients (including those served at SFGH inpatient); 90 of 700 skilled nursing clients; and 500 of 1200 residential treatment clients, eliminating 7 programs, for a total savings of $11.1 million in 1993-94.

Substance abuse services would reduce 1000 of 4000 homeless clients, closing one drop-in program; 790 of 6400 outpatient and detox clients, eliminating 3 programs; and 100 of 2000 residential treatment clients, closing one program for a total savings of $1.5 million.

The rape treatment center would reduce services to 300 of 550 clients, for a total savings of $400,000.

Community Health Services--$500,000 savings
Under this scenario, the DPH would retain basic public health and environmental health services, and would maintain basic primary care services in order to participate in managed care. Some contract services would be reduced in order to help meet the overall target. The basic public health functions to be preserved include public health nursing, dental, health education, lab, maternal and child health, environmental health, and toxics services.

The specific contract cuts include: over 1800 seniors will no longer receive medication education, 14,000 out of a total of 125,000 units of service to homeless and indigent clients would be reduced, 7,300 of 13,250 medical and social service visits to indigents would be reduced, and the DPH would reduce its capacity to do epidemiological oversight and surveillance. In CPHS, these cuts total $330,000.

In AIDS services, DPH would reduce some prevention services--follow-up on missed appointments and group training for health care providers. These cuts total $120,000.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-93

RESOLUTION ON THE PROPOSED FURTHER REDUCTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1993-94 AND A RESTRUCTURING OF THE FINANCIAL RELATIONSHIP BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, over the last two years, the Department of Public Health has saved over $100 million of General Fund revenues primarily through a combination of revenue enhancements and organizational restructuring; and

WHEREAS, in developing its 1993-94 budget to meet a requirement of an additional $32 million of General Fund savings, the Department finally found it necessary to rely primarily on painful service cuts; and,

WHEREAS, in response to the City's deteriorating budget problem and the State shortfall, the Mayor has asked the Department to look at ways to save an additional $25 million in General Fund revenues; and,

WHEREAS, Department staff has presented to the Health Commission four alternative ways to achieve some or all of such savings; therefore,

BE IT RESOLVED, that the Health Commission finds that it would be inconsistent with its mission to sustain budget cuts of a magnitude necessary to reduce $25 million in General Fund expenditures and, therefore, looks to the Mayor to provide leadership in developing a new vision as to how to balance the budget while maintaining the integrity of the Department of Public Health and, be it,

RESOLVED, that the Health Commission urge the Mayor to consider alternatives to service cuts to balance the budget, including the potential for limiting the increase in employee compensation and options for increasing City revenues; and, be it

FURTHER RESOLVED, that in order to enable the Department to operate more efficiently, the Health Commission endorses the Department's document "The City and County of San Francisco and the Department of Public Health Financial Relationship: An Agenda for Change" and urges the Mayor to work with the Department to implement such changes; and, be it

FURTHER RESOLVED, that the Health Commission and the Department offer their cooperation in working with the Mayor to develop an approach to the deficit that equitably distributes the burden among all elements of our community and preserves the critical services that the Department provides.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1993.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT C

DOCUMENTS DEPT
APR 19 1993
SAN FRANCISCO
PUBLIC LIBRARY

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
April 20, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 6, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

3.1- CPHS - TB Control - Request to accept and expend retroactively an augmentation to a continuation grant in the amount of $541,982, from the Centers for Disease Control to provide tuberculosis surveillance, prevention and control/elimination, laboratory upgrades and applied research for the period of February 1, 1993, to January 31, 1994.

3.2- CPHS - Family Health - Request to accept and expend an augmentation to a continuation grant in the amount of $41,516 from the State Department of Health Services, Maternal Child Health Branch, to provide MCAH coordination, advocacy and perinatal services for the period of July 1, 1993 through June 30, 1994.

3.3- CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $485,393 from the State Department of Health Services, Maternal Child Health Branch, to provide MCAH coordination and advocacy, CPSP implementation, and related services for the period of July 1, 1993, to June 30, 1994.

3.4- C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $356,000 from the Health Resources and Services Administration to continue funding the AIDS Early Intervention Networks Project through the Comprehensive AIDS Resources Emergency (CARE Title III) Disaster Relief Grant for the period of May 1, 1993, through April 30, 1994, and a sole source and contract approval request for Bayview-Hunters Point Foundation in an amount not to exceed $95,312 per year to provide, in collaboration with the Department of Public Health, AIDS Early Invervention Networks Project services for the period of May 1, 1993 through April 30, 1996. (DPH contracted with Bayview Hunter's Point Foundation for services totaling $7,754,006 in FY 91-92)

3.5 - C.O.- AIDS - New contract with Instituto Familiar de la Raza, Inc., in the amount of $69,683 for the provision of HIV prevention education services to at-risk women and youth in the Latino community for the period of date of certification through December 31, 1993. (DPH contracted with Instituto Familiar de la Raza, Inc. for services totaling $389,291 in FY 91-92)

3.6 - C.O. - AIDS - Sole source request with San Francisco AIDS Foundation in the amount of $267,023 for the provision of case management services for persons in the Latino Community with HIV disease, for the period of January 19, 1993 through June 30, 1994; and companion new contract in the amount of $80,992 for the period of January 19, 1993 through June 30, 1993. (DPH contracted with S.F. AIDS Foundation for services totaling $1,738,656 in FY 91-92)

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

5) UPDATE ON THE '93-'94 BUDGET: DETAILS OF THE DIVSION OF MENTAL HEALTH AND SUBSTANCE ABUSE BUDGET CUTS, PHASE I - FY '93-'94

6) UPDATE ON MANAGED CARE

7) CONSIDERATION OF THE COMMUNITY SUBSTANCE ABUSE SERVICES MASTER PLAN

8) CONSIDERATION OF THE SYSTEM REFORM - MENTAL HEALTH CLUSTER PROPOSAL

9) CONSIDERATION TO AMEND AN ORDINANCE TO THE SAN FRANCISCO MUNICIPAL CODE REGARDING LUBRICANT WARNING SIGNS

10) CONSIDERATION OF A RESOLUTION FOR LEGISLATIVE PRIORITIES FOR TOBACCO CONTROL POLICIES

11) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL FOR CATASTROPHIC ILLNESS STATUS

12) OTHER BUSINESS/PUBLIC COMMENTS*

13) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION"

a.) Mary Hobdy v. CCSF et al
Superior Court #891-377 for $75,000

b.) Geralding Melkonian v. CCSF
Superior Court #939-425 for $25,000

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

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Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 20, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 6, 1993

Action Taken: The Commission adopted the minutes of April 6, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) CPHS - TB Control - Request to accept and expend retroactively an augmentation to a continuation grant in the amount of $541,982, from the Centers for Disease Control to provide tuberculosis surveillance, prevention and control/elimination, laboratory upgrades and applied research for the period of February 1, 1993, to January 31, 1994.

(3.2) CPHS - Family Health - Request to accept and expend an augmentation to a continuation grant in the amount of $41,516 from the State Department of Health Services, Maternal Child Health Branch, to provide MCAH coordination, advocacy and perinatal services for the period of July 1, 1993 through June 30, 1994.

(3.3) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $485,393 from the State Department of Health Services, Maternal Child Health Branch, to provide MCAH coordination and advocacy, CPSP implementation, and related services for the period of July 1, 1993, to June 30, 1994.

(3.4) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $356,000 from the Health Resources and Services Administration to continue funding the AIDS Early Intervention Networks Project through the Comprehensive AIDS Resources Emergency (CARE Title III) Disaster Relief Grant for the period of May 1, 1993, through April 30, 1994, and a sole source and contract approval request for Bayview-Hunters Point Foundation in an amount not to exceed $95,312 per year to provide, in collaboration with the Department of Public Health, AIDS Early Intervention Networks Project services for the period of May 1, 1993 through April 30, 1996. (DPH contracted with Bayview Hunter's Point Foundation for services totaling $7,754,006 in FY 1991-92).

(3.5) C.O.- AIDS - New contract with Instituto Familiar de la Raza, Inc., in the amount of $69,683 for the provision of HIV prevention education services to at-risk women and youth in the Latino community for the period of date of certification through December 31, 1993. (DPH contracted with Instituto Familiar de la Raza, Inc. for services totaling $389,291 in FY 1991-92).

(3.6) C.O. - AIDS - Sole source request with San Francisco AIDS Foundation in the amount of $267,023 for the provision of case management services for persons in the Latino Community with HIV disease, for the period of January 19, 1993 through June 30, 1994; and companion new contract in the amount of $80,992 for the period of January 19, 1993 through June 30, 1993. (DPH contracted with S.F. AIDS Foundation for services totaling $1,738,656 in FY 1991-92).

Public Speaker: Edward Benner

Commissioner Paras requested more information on contracts (i.e. - definition of service units, annual evaluation, cost of services).

Action Taken: The Commission adopted the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

ADMINISTRATION

- FY 1993-94 Budget Update: On Monday April 12, Supervisors Alioto and Kaufman introduced a resolution supporting the Department of Public Health's proposed restructuring of the DPH financial relationship with the City and County of San Francisco and urging the Mayor, Controller and Chief Administrative Officer to work with the Department of Public Health. The resolution has been referred to the Board's Budget Committee. I have received strong support and encouragement from state and federal officials for our proposal.

  I have scheduled meetings this Friday with all parties to begin the planning process. Mr. Larry Gage, President of the National Association of Public Hospitals and an associate will meet with staff from DPH, Mayor's Office, CAO's Office, Board of Supervisors, and the Board's Budget Analyst. Commissioner Rosenstiel will also attend. Mr. Gage and NAPH have a great deal of experience in helping public health hospitals and systems make governance changes.

- Managed Care: After two years of negotiations with the state Department of Health Services and state Mental Health, final approval for the Family Mosaic managed care mental health program was received on April 7. The first children are expected to be enrolled on May 1, 1993. This makes Family Mosaic the first managed care mental health Medi-Cal program in the State.

  This agreement is a major accomplishment for the Family Mosaic Project and the Department of Public Health, as well as other participating city agencies.

- Medical Care for Illegal Immigrants: On April 12 state Medi-Cal regulations went into effect limiting medical care for illegal (undocumented) immigrants and other foreigners to emergency care only. These new Medi-Cal restrictions are part of of the budget package passed by the Legislature. In San Francisco, these restrictions could cost the City as much as $3 million in lost reimbursements.

  DPH will continue to treat undocumented people who qualify for Medi-Cal. If no follow-up care is provided, there will be even more costs to the City in additional health and social resources. The state has yet to adequately define "follow-up care" and increased disputes over Medi-Cal payment are anticipated.

- Citywide Earthquake Exercise: Last Thursday, April 15, from 8 am to 12 noon, the Department of Public Health participated in a citywide earthquake exercise. The purpose of the training exercise was to activate the city's Emergency Command Center and the emergency response plans of various city agencies. Dr. Larry Meredith, representing the Director of Health, and Dr. Sandra Hernandez, Health Officer reported to the city's Emergency Command Center. Under the leadership of Dr. James Pointer, the DPH Incident Command System was activated and DPH staff assigned to key emergency functions participated in an earthquake scenario drill. This was an excellent opportunity to review and critique DPH planning for disaster preparedness and the lessons learned through the exercise will be incorporated into the DPH Command Disaster Plan.

- DPH Senior Services Committee Update: The Senior Services Committee, chaired by Ms. Cynthia Selmar and Mr. Anthony Wagner, and comprised of representatives from all DPH divisions has been meeting to review all DPH senior programs and resources. Mr. Wagner and Ms. Selmar will be reporting on DPH senior programs at the May meeting of the City's Senior Services Plan Task Force, co-chaired by Ms. Sandy Mori and former Health Commissioner John Blumlein.

SAN FRANCISCO GENERAL HOSPITAL

- Multidisciplinary AIDS Research Center: The Gladstone Institute of Virology and Immunology at San Francisco General Hospital was dedicated yesterday in ceremonies attended by local, state and national officials. Commissioners Jackson, Kaufman and Ludington participated. The dedication ceremonies concluded with a luncheon at the Hotel Mark Hopkins with a keynote address by Anthony S. Fauci, M.D., Director of the National Institute of Allergy and Infectious Diseases, NIH.

  The dedication is the culmination of efforts that began in early 1986 by UCSF, DPH and the Mayor's Office to get the Governor and the Legislature

to commit $12 million in state funds to build a multidisciplinary molecular biology AIDS Research Center on the campus of San Francisco General Hospital. The event celebrated a unique partnership and shared vision that has created a premier center, second only to the National Institutes of Health, dedicated to unraveling the mysteries of the AIDS virus. I want to single out for special recognition the role played by Richard Cordova in bringing this joint venture to fruition.

The J. David Gladstone Institutes has committed $28 million and the University of California, San Francisco School of Medicine an additional $4 million to the AIDS research program for the period 1991-95. Warner C. Greene, M.D., Ph.D., is the Director of the Research Center.

LAGUNA HONDA HOSPITAL

- Laundry Audit: The Controller's Office has initiated a performance audit of the laundry operations of all city agencies. As the City's largest laundry facility, the LHH laundry will be intricately involved in this audit. Auditors began their review of LHH laundry operation on April 14. Hospital administration and laundry management staff have offered to assist in the development of the audit based on their expertise in institutional laundry management and equipment planning. Laguna Honda Hospital is rapidly nearing completion of its Laundry Equipment Replacement Project, which will provide for more cost-effective patient laundry and linen products.

COMMUNITY PUBLIC HEALTH SERVICES

- Public Health Nursing: I am pleased to report that the Children and Mothers Parenting Project (CHAMP) has been selected as one of 76 semifinalists, from a pool of 1,637 applicants, for the 1993 Innovations Awards Program sponsored by the Ford Foundation in collaboration with the Kennedy School of Government at Harvard University. The Innovations Awards recognize programs and policies that are unusually creative in addressing public needs at state and local levels. The CHAMP program is one of two semifinalists selected from San Francisco.

  The CHAMP Program uses specially trained public health nurses to provide intensive in-home case management services to substance using mothers-to-be and mothers. An independent evaluation of the program documented its effectiveness in reducing infant hospitalizations during the first year, providing up-to-date well child examinations and immunizations, and increasing parenting skills and mothers' involvement in drug treatment.

  By the end of April, 25 finalists will be selected and ten award winners will be announced in October and receive $100,000 grants from the Ford Foundation. The other 15 finalists will receive $20,000 grants.

- Health Status Report: On April 7 the State Department of Health Services released the Health Status Profiles Report for California counties. The selected health status indicators, recommended by the Centers for Disease Control, are used to assess the health status of a community and are part of the Healthy People 2000 objectives established by the federal government.

  The data is based on three-year averages. As an urban area, many of the problems of inner cities are manifest in the measurements of health status

of San Francisco residents and are not necessarily responsive to efforts directed at health. Chief among these factors is poverty. The following summarizes the most critical data for San Francisco:

- San Francisco has the highest death rate of all California counties, 654.2 per 100,000 population compared to a statewide average of 495.0. This is primarily due to the effect of deaths from AIDS. In San Francisco, the incidence of AIDS is 227.4 per 100,000 compared to a statewide average of 25.2.

- San Francisco is above average in infant mortality, 8.3 per 1,000 live births compared to a statewide average of 7.9, particularly among African American infants. The SF Department of Public Health has a number of interventions in place to address this issue and, infant mortality among African American infants has been reduced from 20.5 per 1000 in 1988 to 16.4 in 1991.

- The incidence of tuberculosis in San Francisco has historically been above those for the State and nation, 43.9 per 100,000 compared to a statewide average of 16.0. This is primarily due to the high proportion of the County's population who are immigrants from countries where TB is endemic. The SF Department of Public Health has always had an excellent TB Control Program that has dealt effectively with the rising numbers of cases associated with the AIDS crisis. Due to aggressive protocols instituted by DPH in congregate living sites (HIV residential, homeless shelters, hospitals and the jails), San Francisco has very few multiple drug resistant cases of TB.

- The incidence of measles in San Francisco is considerably below the State's average, 2.5 per 100,000 compared to a statewide average of 19.6. This can be partly attributed to an aggressive immunization program in San Francisco.

- Syphillis rates, also a part of inner city problems, have long been high in this county, 34.7 compared to the State's average of 13.7 per 100,000. However syphillis rates have been dropping recently and now are much less than the report indicates. A full STD Report will be presented to the Commission at its next meeting.

San Francisco does not stand out with regard to homicide as a cause of death, but the numbers have increased dramatically since the period which this report covers. This, combined with SF suicide rates, highlights the problem of violence which DPH is committed to attack as a public health problem.

- Status of CPHS Business Reorganization: As part of the Department's efforts to both consolidate and enhance operational efficiency, Dr. Sandra Hernandez has created a single financial unit to support all business functions for CPHS and the AIDS Office. Under the supervision of Mr. Galen Leung, this unit will support RFPs, grants, contracts, budgeting, revenue enhancement, and expenditure tracking. This reorganization will facilitate more consistent analysis of both fiscal and programmatic matters within CPHS and the AIDS Office and provide a core of support functions for the combined division. In addition to these financial

services, human resource management will also be consolidated into a single unit to support the division. This function will be under the direction of Mr. David Dupree, who will work closely with the DPH Personnel Office.

- League of Women Voters Luncheon: On Wednesday, April 28, Dr. Sandra Hernandez is one of four women who will be honored by the League of Women Voters at their luncheon, "Reflecting Women as Leaders". The women are being honored for rising to the challenge of excellence, and achieving noteworthy public success and recognition as women who can be presidents of businesses, community groups, and nations.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Hazardous Materials Incident: On April 7, DPH toxics and hazardous materials staff responded to the ammonia leak at the San Francisco Ice Company on Rhode Island Street and provided technical consultation to the Fire Department Hazardous Materials Team. DPH staff provided guidance on hazmat entry procedures, evacuation areas, and clearance for reentry. Emergency contact information collected by the DPH Hazardous Materials Program was essential to mitigate the incident. In addition, the Paramedic Division treated a security guard from Showplace Square and transported him to SFGH. Two others were reported to be treated at the scene.

- Environmental Illness/Multiple Chemical Sensitivity: Senator Milton Marks has appointed Bill Lee, Director of the Bureau of Toxics, Health and Safety Services to serve on the California Senate Subcommittee on the Rights of the Disabled Advisory Panel. Mr. Lee will provide testimony on access rights and other issues for people who are disabled by environmental illness or multiple chemical sensitivity (EI/MCS).

MARCH STATISTICS

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	286
Newborn Nursery:		16
Actual Patient Days	(except newborns):	8,861
Newborn Nursery:		496
Admissions	(except newborns):	1,509
Newborn Nursery:		151
Average Length of Stay	(except newborns):	6
Newborn Nursery:		3
Discharge Patient Days	(except newborns):	9,385
Newborn Nursery:		392
Discharges	(except newborns):	1,551
Newborn Nursery:		143

Outpatient Visits

Primary Health	
Family Health:	3,448
General Medicine:	2,204
Pediatric:	3,455
OB/GYN:	2,994
Specialty Clinics:	11,655

Emergency Visits

Emergency Room:	6,067
Psychiatric Emergency Services:	387

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,534
Health Center #2:	483
Health Center #3:	1,058
Health Center #4:	1,344
Health Center #5:	1,065
Tom Waddell Clinic:	3,381
Potrero Hill Health Center:	716
Southeast Health Center:	1,082
Special Programs for Youth:	2,215
TOTAL VISITS:	12,878

Disease Control

TB Clinic:	2,069
City Clinic:	2,379

All other March statistics were reported on April 6, 1993.

5) UPDATE ON THE 1993-94 BUDGET: DETAILS OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE BUDGET CUTS, PHASE I - FY 1993-94

Jeff Jue, Deputy Director of Mental Health and Substance Abuse, presented a list of reductions (Attachment A) for the initial 1993-94 mental health, substance abuse, and forensics reductions. Guidelines used are attached (Attachment B).

Public Speaker: Karen Patterson Matthew, Bayview Hunters Point Foundation
Marty Low, RAMS
Calvin Fong, RAMS

The Commission had already approved these Phase I cuts; and the Department will continue to report back on the service impact of the cuts as the City budget process progresses.

6) UPDATE ON MANAGED CARE

Susan Ehrlich, Director of Budget and Planning, described the State Plan, which focusses on the AFDC population. The safety net providers will still have the uninsured and underinsured population. The Department will still work towards a system reform through its Vision and Mission Statements. Simultaneously, any national health policy reform will have an impact.

Dr. Baxter emphasized the importance of system reform; and the hard question is how the Department will be reimbursed.

Commissioner Kaufman expressed the fact that the AFDC population is the most vulnerable group.

Commissioner Paras pointed out the need for investments into a universal information and data base in order to manage utilization of care.

Dr. Baxter's concern is while presently there are separate tracts for physical health, mental health, and substance abuse, the system needs to be fully integrated. Also, reorganizing the system does not mean the system will have sufficient resources.

Dr. Baxter will continue his collaboration with the Leadership Group to achieve a managed care approach in the City and County of San Francisco.

7) CONSIDERATION OF THE COMMUNITY SUBSTANCE ABUSE SERVICES MASTER PLAN

Wayne Clark, Ph.D., Director of Substance Abuse Services, presented the Master Plan, which includes findings and recommendations in the areas of health, criminal justice, education, social services, and the private sector.

Public Speaker: Edward Benner

Dr. Baxter suggested a change in the wording of the last paragraph of the proposed resolution.

Action Taken: The Commission adopted the amended Resolution #8-93 (Attachment C).

8) CONSIDERATION OF THE SYSTEM REFORM - MENTAL HEALTH CLUSTER PROPOSAL

Jeff Jue, Deputy Director for Mental Health and Substance ABuse, described the model for mental health system reform, which reflects the following:

1 A common definition of the priority target population.
2. The use of common admission and discharge criteria.
3. Coordinated care for all clients.
4. A single point of responsibility for all clients assigned to the clusters throughout all levels of care.
5. The provision of a standard core of services in each cluster.
6. Systemwide standards of accountability based on cost, access, quality and outcomes.
7. Extended hour availability of cluster staff and services.

Commissioners expressed concerns on separating clusters by race, the need for cultural competency throughout the system, and specific citywide targeted populations having cultural competency. Mr. Jue reported that all clusters will have cultural competency; the choice of where the client receives services is not restricted by districts, and the system is consumer-centered. The Commission referred further discussion on the implementation of the cluster concept to the Joint Conference Committee for Mental Health, Substance Abuse, and Forensics. Mr. Jue will bring back to the Commission further policy clarification.

Public Speaker: Judith Stevenson, CPMC Community Services.

Action Taken: The Commission adopted Resolution #9-93 (Attachment D), excluding the Cluster Region definition (#4) with the understanding that the Cluster Region definition will be brought back to the May 4, 1993 Commission meeting.

9) CONSIDERATION TO AMEND AN ORDINANCE TO THE SAN FRANCISCO MUNICIPAL CODE REGARDING LUBRICANT WARNING SIGNS

This item has been deleted.

10) CONSIDERATION OF A RESOLUTION FOR LEGISLATIVE PRIORITIES FOR TOBACCO CONTROL POLICIES

Action Taken: The Commission adopted Resolution #10-93 (Attachment E).

11) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL FOR CATASTROPHIC ILLNESS STATUS

This item was postponed to the May 4, 1993 meeting.

12) OTHER BUSINESS/PUBLIC COMMENTS

None.

The Commission went into Executive Session at 4:50 p.m.

13) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, PENDING LITIGATION"

a) Mary Hobdy v. CCSF et al
Superior Court #891-377 for $75,000.

b) Geraldine Melkonian v. CCSF
Superior Court #939-425 for $25,000.

(This item is for information only.)

The Commission came out of Executive Session at 5:15 p.m.

Action Taken: The Commission approved the Hobdy v. CCSF et al, Superior Court #891-377 for $75,000.

The meeting was adjourned at 5:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

Initital 93-94 DMSF Reductions

Agency/Service	Proposed 93-94 Budget	Reduction	Revised Budget
Contractors - OP and Day Services			
Bayview Hunters Point	$3,123,483	$508,432	$2,615,051
Day Treatment	$413,419	$67,295	
Outpatient	$717,934	$116,863	
Bayview Clubhouse	$1,238,576	$201,612	
Tenderloin OP	$753,554	$122,662	
Cal Pac	$656,932	$106,934	$549,998
Thunderseed	$366,276	$59,621	
Operation Concern	$210,269	$34,227	
Lodge DT	$80,387	$13,085	
FSA	$753,817	$122,704	$631,113
MIA Program	$645,329	$105,045	
Japanese Family	$108,488	$17,659	
Instituto Familiar de la Raza	$263,513	$42,894	$220,619
RAMS	$887,734	$144,503	$743,231
Day Treatment	$298,906	$48,655	
Outpatient	$588,828	$95,848	
estside	$1,686,555	$274,533	$1,412,022
Outpatient Clinic	$448,310	$72,975	
Community Crisis	$1,238,245	$201,558	
Total Outpatient/Day Contractors	$7,372,034	$1,200,000	$6,172,034
% Reduction		16.28%	
Civil Service - OP and Day Services	$7,300,000	$1,022,000	$6,278,000
24 Hour Services	$39,445,000	$2,145,000	$37,300,000
Napa State Hospital	$17,545,000	$1,645,000	
L Facilities	$14,600,000	$300,000	
SFGH/PES/Inpatient	$7,300,000	$200,000	
Center on Deafness	$344,000	$100,000	$244,000
Contractor Reductions - Fee for Service	N/A	$400,000	
Substance Abuse Reductions	$25,445,221	$1,773,163	$23,672,058
Increased Revenue to Offset GF		$700,000	
orensics Services Staffing Mix	$14,553,448	$884,442	$13,669,006
TOTAL DMSF REDUCTIONS		$8,224,605	

ATTACHMENT A

Guidelines in Making Initial Reductions to DMSF 93-94 Budget

•Preserve adequate mental health service levels within clusters. The amount of funding available reduced the number of clusters from six to four, and reduced $2.1 million from adult day treatment and outpatient services. This modality will be the focus of major system reforms planned for in 1993-94. The remaining cluster services will be enhanced by increasing community support services in the areas of vocational rehabilitation, self help services, supportive housing, and residential care services.

•Maintain community based 24 hour alternatives to hospitalization (acute diversion and transitional residential treatment) while making $1 million reductions to institutional 24 hour care.

•Reduce funding for regional services for deaf mentally ill and request that Bay Area counties provide share of funding which is proportional to the number of clients served in the program.

•Reduce contractor payments to reflect fee for service reimbursement, consistent with current payment to county from the State, and future payments within managed care.

•Reduce substance abuse funding for programs which have history of underutilization.

•Eliminate county funding for methadone detoxification services and reduce funding for transportation services in order to preserve funding for outpatient drug free services and residential treatment services.

•Reduce salary accounts in Jail Services and Rape Treatment Center consistent with hiring plan in order to preserve direct services.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-93

RESOLUTION APPROVING THE SAN FRANCISCO MASTER PLAN:
REDUCING THE PROBLEMS CAUSED BY ALCOHOL AND OTHER DRUGS
(PART I: NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS)

AS PREPARED AND SUBMITTED BY THE DEPARTMENT OF PUBLIC HEALTH, DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, COMMUNITY SUBSTANCE ABUSE SERVICES FOR SUBMISSION TO THE STATE OF CALIFORNIA, DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS FOR THE TERM JULY 1, 1993 THROUGH JUNE 30, 1996: AUTHORIZING AND DIRECTING THE PRESIDENT OF THE BOARD OF SUPERVISORS TO SIGN SAID PLAN.

WHEREAS, the planning process has identified the need for interdepartmental training for City employees on the nature and scope of addiction in order to more quickly intervene in providing appropriate services to chemically dependent service recipients; and,

WHEREAS, the planning process has identified the need to enhance interdepartmental coordination and service collaboration between City employees, and between City government and community-based organizations; and,

WHEREAS, the planning process has identified the need to change attitudes and norms about substance abuse through prevention education and advocacy efforts; and,

WHEREAS, the planning process has identified the need to develop a uniform system of data collection within City government and to publish an annual data report for each department; and,

WHEREAS, the planning process has identified the need to develop a service system where treatment upon demand is available such that clients in need are not subject to waiting periods of a month or longer; therefore, be it

RESOLVED, that the San Francisco Health Commission approve the San Francisco Master Plan: Reducing the Problems Caused by Alcohol and Other Drugs (Part I:: Needs Assessment Findings and Recommendations); and, be it

FURTHER RESOLVED, that the Health Commission requests the President of this Board of Supervisors to approve said report as required by the State of California, Department of Alcohol and Drug Programs.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT C

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-93

RESOLUTION PROPOSING POLICIES FOR THE REFORM OF ADULT MENTAL HEALTH SERVICES INTO AN INTEGRATED SERVICE SYSTEM USING CLUSTERS

WHEREAS, the continuing fiscal crises of the City and the State have resulted in significant budget reductions and reduced capacity in the mental health system for the past several years; and,

WHEREAS, the State Department of Mental Health is proceeding with implementation of the Rehabilitation Option and Coordinated Services in FY 1993-94; and,

WHEREAS, the State Department of Health Services and the State Department of Mental Health have proposed a policy of "carving out" Medi-Cal mental health services and beginning the implementation of Mental Health Managed Care in FY 1993-94; and,

WHEREAS, the implementation of Mental Health Managed Care will result in the City and County assuming full risk and liability for cost of all clients served; and,

WHEREAS, the long-range goal of the Department is the development of an integrated system of health, mental health and substance abuse services; and,

WHEREAS, the aforementioned goal and changes necessitate the redesign of mental health services for adults into an integrated service system which is accountable, efficient, cost effective and able to provide continuous, quality services to the seriously mentally ill in a culturally competent manner, therefore; be it

RESOLVED, that the San Francisco Health Commission does hereby declare the, following to be the policies of the San Francisco Department of Public Health:

1. The existing pool of providers of mental health services will be maintained in FY 1993-94 to the extent that resources are available, with the provision that funding levels, services, tasks, roles and responsibilities will be modified to conform to the integrated service system of care.

2. A civil service unit will be designated in each cluster to perform basic risk and clinical liability management roles such as gatekeeping, eligibility determination and utilization control functions. This unit will serve as the single point of entry for clients into the system.

3. A methodology for resource allocation must be developed which gives priority to numbers of the priority target population served and acuity levels. For FY 93-94, funding levels will factor in numbers of target population served, numbers of clients served who are recently discharged from acute/institutional services and numbers of homeless mentally ill to be served in the cluster region.

and; be it,

FURTHER RESOLVED, that the San Francisco Health Commission directs the Department to report on progress of cluster implementation on a regular basis to the Joint Conference Committee on Mental Health and to provide a full report to the Health Commission within six months.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-93

RESOLUTION ADOPTING PRIORITIES FOR TOBACCO CONTROL
LEGISLATIVE CAMPAIGN FOR SAN FRANCISCO

WHEREAS, the Environmental Protection Agency has classified environmental tobacco smoke as one of 15 Group A known human carcinogens that have no known safe threshold; and,

WHEREAS, environmental tobacco smoke is classified as a carcinogen under the California Safe Drinking Water and Toxic Enforcement Act of 1906; and,

WHEREAS, active smoking is the primary cause of preventable death, responsible for 430,000 deaths per year nationally; and,

WHEREAS, environmental tobacco smoke is the third leading cause of preventable death, responsible for 53,000 deaths a year from heart disease and cancer; and,

WHEREAS, the State Air Resources Board estimates Californians spend roughly 86 percent of their time indoors; and,

WHEREAS, more lung cancer deaths are estimated to be attributable to environmental tobacco smoke from combined non-home exposures - 2,200 of both sexes - than from spousal exposure - 800 of both sexes; and,

WHEREAS, the Environmental Protection Agency finds that modern air filters, electronic air cleaners, generators and ventilation system are not capable or removing carcinogens from environmental tobacco smoke, therefore, be it

RESOLVED, that the San Francisco Health Commission adopts the following legislative priorities for the development and passage of ordinances within the City and County of San Francisco:

A. Protection from exposure to environmental tobacco smoke:

- Smokefree worksites including restaurants, bars, night/dance clubs.
- Smokefree public places.

B. Youth Policy:

- Prohibiting tobacco advertising within a one-mile radius of schools and playgrounds.
- Licensing of tobacco sales.
- Banning out-of-package cigarette sales.

BE IT FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to adopt legislation which is consistent with these priorities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
May 4, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 20, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE (Commissioner Margel Kaufman)

(3.1) Request approval to continue lease of property at 35 Onondaga.

(3.2) Request approval to adjust patient day rates to 1993-94 levels.

(3.3) Request approval to adjust Bureau of Environmental Health licens fees to 1993-94 levels.

(3.4) CPHS - Administration - Request to accept and expend an augmentation in the amount of $81,719.00 to the Breast and Cervical Cancer Control grant from the State Office of Health Services to provide breast and cervical cancer screening, diagnostic and outreach services for low income, uninsured women in San Francisco, for the term of April 15, 1993 through July 15, 1994.

(3.5) CPHS - Epidemiology - Request to accept and expend a continuation grant in the amount of $179,576 from the California Department of Health Services (CDHS) to provide immunization services to the residents of San Francisco, for the period of July 1, 1993 through June 30, 1994.

(3.6) CPHS - Health Promotion - Tobacco Free Project - New contract with Barnes Clarke Incorporated in the amount of $109,450 for a Youth for a Tobacco Free San Francisco Project for the period of July 1, 1993 through May 31, 1994.

(3.7) C.O. - AIDS - Renewal contract with San Francisco AIDS Foundation, in the amount of $425,355, to provide HIV prevention and education services to the general community of San Francisco, for the period July 1, 1992 through June 30, 1993. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,738,656 in FY 1991-92).

(3.8) LHH - Medical Services - Request to approve a resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with Controller's certification that inpatient dental services at Laguna Honda Hospital can be

performed at a lower cost by a private contractor than by City employees for the period of July 1, 1993 through June 30, 1994.

(3.9) Consideration of a proposal for DPH sliding scales.

(3.10) Consideration of DPH policy on provision of services to unsponsored, non-residents.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

6) FY 1993-94 BUDGET UPDATE

7) PRESENTATION OF AN ANNUAL REPORT ON SEXUALLY TRANSMITTED DISEASES

8) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL FOR CATASTROPHIC ILLNESS STATUS

9) CONSIDERATION OF AN AMENDMENT TO A RESOLUTION FOR SYSTEM REFORM OF ADULT MENTAL HEALTH SERVICES USING CLUSTERS

10) OTHER BUSINESS/PUBLIC COMMENTS*

11) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $15,675 FOR HUBERT V. LAGUNA HONDA HOSPITAL, SUPERIOR COURT #932-307

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 4, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 20, 1993

Action Taken: The Commission adopted the minutes of April 20, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Request approval to continue lease of property at 35 Onondaga.

(3.2) Request approval to adjust patient day rates to 1993-94 levels.

(3.3) Request approval to adjust Bureau of Environmental Health license fees to 1993-94 levels.

(3.4) CPHS - Administration - Request to accept and expend an augmentation in the amount of $81,719.00 to the Breast and Cervical Cancer Control grant from the State Office of Health Services to provide breast and cervical cancer screening, diagnostic and outreach services for low income, uninsured women in San Francisco, for the term of April 15, 1993 through July 15, 1994.

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(3.9) Consideration of a proposal for DPH sliding scales.

(3.10) Consideration of DPH policy on provision of services to unsponsored, non-residents.

Commissioner Paras requested a clarification on the eligibility criteria for residency in San Francisco, especially for the homeless.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

Due to time constraints, Dr. Baxter did not verbally present highlights of his report. He submitted his written report. (Attachment A).

5) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

This item was postponed to the May 18, 1993 meeting.

6) FY 1993-94 BUDGET UPDATE

Dr. Baxter presented the Department's response to the Mayor's Office request for additional reductions for the 1993-94 DPH budget (Attachment B).

Each Division Head presented the effect and impact of the proposed budget reductions.

President Jackson complimented the Department's Executive Staff for their continuing professional response to the budget reduction requests. He believes that good government is a partnership. He reported that he and Commissioner Marton met with the Mayor, who will be making tough citywide decisions. President Jackson is asking his fellow Commissioners to reject these cuts and to

request the Department staff to look at other scenarios because the Department cannot cut 30% of mental health and 30% of substance abuse. He encouraged members of the public to express their concerns to the Mayor and the Board of Supervisors.

Commissioners Rosenstiel expressed his concern with unacceptable solutions. He strongly feels that it is not acceptable to cut another $25 million from the Department and would like to look at revenue increases. He also feels that as a long-term solution, the public health system has to be restructured. He also has not heard what amounts other City Departments are being asked to but and what the status of revenue increases is.

Commissioner Kaufman emphasized the need to look at the citywide picture to solve the City's budget problem (i.e. - what are other Departments doing?).

President Jackson stated to the public that although the Commission will listen to public testimony today, he encouraged the public to allow the Department to come back to the Commission with another scenario of cuts.

Action Taken: The Commissioners unanimously voted to reject the proposed $25 million cuts and requested Dr. Baxter to work with the Mayor's budget staff to look at other options and other scenarios.

President Jackson acknowledged the presence of Supervisor Angela Alioto, President of the Board of Supervisors.

Public Speakers:

Beth Abrams, Grupo de la Comida
Maria Abadesco, SEIU Local #790
Gil Pope, SEIU Local #250
Ruth Holland
Arlene Jech
Chenda Fruchter, CANHR
June Grainger
Joe Mignola, Adult Day Health Network
Tony Marovich
Michelle Aldrich, DAAB
Mary Lou Camacho
Jonathan Vernick, Baker Places
John Nickens, Progress Foundation
Ann Jennings, Mental Health Board
Nancy May, Mental Health Association
Robin Cooper, Mental Health Board
Darwin Dias, Spiritmenders
Gil Lopez, SFGH, CAB
Fancher Bennet, Patient Rights Advocate
Alex Vitale, Coalition on Homelessness
Azila Kelly Johnston
Juan Oyarzun, DAAB
Mina Jo Smith, S.A.F.E.
Judith Stevenson, CPMC/Northeast Lodge
Tamara White, UCSF Rape Prevention Education Program
Bob Surber, SFGH

Phyllis Spanglet, DMDA
Ed de la Cruz, Mental Health Board, RAMS, Inc., AAMHTF
Lucy Grau, Mission Council
Edward Singer, Tom Waddell Clinic
Roy Crew, Office of Self-Help
Steve Leoni, Consumer Task Force
Nathan Nayman, Hospital Council
Wendy Goldberg, President of DAAB

7) PRESENTATION OF AN ANNUAL REPORT ON SEXUALLY TRANSMITTED DISEASES

Dr. Gail Bolan, Director of STD Control, presented statistics to show the decline in STD morbidity among San Francisco residents that began in 1991 has continued in 1992. Dr. Bolan also pointed out that chlamydia is the only reportable STD that failed to decrease.

In her presentation, she included STD morbidity, the STD Clinic, STD Case Finding, STD Surveillance, STD Health Education and Training Activities, and STD Demonstration and Research Projects.

The Commission took a recess at 4:30 p.m.

8) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL FOR CATASTROPHIC ILLNESS STATUS

Ed Gazzano, DPH Personnel Director, presented the appeal of denial by the Director of Public Health for catastrophic illness of Miriam P. Sablad, 3594 Instructional Aide II, San Francisco Unified School District.

Dr. Fran Taylor, who reviewed the case from a medical perspective for the Department of Public Health, reported that an earlier appeal was denied because Mrs. Sablad's condition was not, in the Department of Public Health's opinion, a life-threatening injury.

Deputy City Attorney, Paula Jesson, explained the legal responsibilities of the Commission regarding the appeal process.

Public Speakers: Balbino Sablad
Sid Limaco, Esq.

Action Taken: The Commission voted to uphold the Department's finding that Mrs. Sablad does not have a life-threatening injury, as required by the Catastrophic Illness Ordinance, thereby denying the appeal.

9) CONSIDERATION OF AN AMENDMENT TO A RESOLUTION FOR SYSTEM REFORM OF ADULT MENTAL HEALTH SERVICES USING CLUSTERS

Jeff Jue, Deputy Director for Mental Health and Substance Abuse, presented a proposed amendment, the principles of which were discussed at the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

Action Taken: The Commission approved the amendment (Attachment C) to a resolution for system reform of adult mental health services using clusters.

10) OTHER BUSINESS/PUBLIC COMMENTS

Dr. Baxter requested the Commission to add an item to the agenda due to the fact this item came up after the agenda went out and that this item needs to be heard at the Board of Supervisors next Monday. The item is the resubmission of Proposition D to the voters in the next election. Prop D provides DPH the ability to enter into lease financing arrangements.

Action Taken:
1) The Commission voted to add the resubmission of Proposition D to the Agenda.

2) The Commission approved Resolution #11-93, (Attachment D).

The Commission went into Executive Session at 6:55 p.m.

11) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $15,675 FOR HULBERT V. LAGUNA HONDA HOSPITAL, SUPERIOR COURT #932-307

The Commission came out of Executive Session at 7:05 p.m.

Action Taken: The Commission approved the settlement of $15,675 for Hulbert v. LHH, Superior Court #932-307.

The meeting adjourned at 7:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

City and County of San Francisco

Department of Public Health

Raymond J. Baxter, Ph.D.
Director

SAN FRANCISCO DEPARTMENT OF HEALTH
Health Commission Meeting
May 4, 1993

DIRECTOR'S REPORT

ADMINISTRATION

- 93-94 Budget Update: In response to the request from the Mayor's Office for another $25 million general fund reduction in FY 93-94, in addition to the $32 million general fund reduction proposed in the base budget, the Department presented four scenarios to meet part or all of this request on April 6. The Department has now been asked to detail a combination of cuts from the previous scenarios to preserve more mental health capacity and the ability to participate in managed care.

  This new proposal combines two of the earlier scenarios and includes a major downsizing of the Department. It tries to preserve services to the most vulnerable populations , maintains some ability to participate in managed care, and reduces the more devastating cuts to mental health and substance abuse services. In order to accomplish this, this proposal does not include any contractor COLA's and pursuant to the Mayor's instructions includes major reductions in senior and middle management. This new proposal will result in the following major reductions:

  - grant no contractor COLA's in 1993-94
  - cut outpatient, including primary and specialty care at SFGH by 32%
  - reduce med/surg inpatient beds at SFGH by 17%
  - eliminate 30% of the clients from adult community mental health system
  - eliminate 30% of the clients from substance abuse services
  - cut skilled nursing bed capacity at LHH by 28%

415) 554-2600 101 Grove Street San Francisco, CA 94102

As I reported to you on April 5, in order to meet the Mayor's target for reduction in general fund revenues from the 92-93 budget, it is no longer possible to avoid major service reductions. Since 1991-92, DPH has increased new revenues by $83.6 million, implemented $38.8 million in administrative and operating cost reductions, and cut $18.8 million in services. DPH has tried to minimize service cuts by raising revenues and cutting administration as much as possible. However, as a result of our aggressive efforts in these areas over the last two years, there are fewer opportunities to do this and the Department's total proposal to reduce $56 million in general fund reductions in 93-94 includes some very painful service cuts.

- Restructuring DPH Financial Relationship: Two weeks ago, Mr. Larry Gage, President of the National Association of Public Hospitals and his associate, Ms. Ann Camper met with staff from DPH, Mayor's Office, CAO's Office, Board of Supervisors, and the Board's Budget Analyst to share their experience in helping public hospitals and health systems to restructure financial relationships and make governance changes. Commissoner Paul Rosenstiel also attended this briefing session.

- Update on Managed Care: The Department is continuing to plan for managed care implementation at the local level. At the city-wide level, the leadership group is continuing to develop an expanded planning process, and has agreed on steering committee composition for the process. Our intent is to expand the number of people and organizations involved in planning for managed care. Within the Health Department, we recently had two consultants assist with a "readiness assessment" of our services for managed care. This information will be used to prepare for implementation within DPH, both at the health centers and at the hospital. A full presentation will be made at the next Commission meeting, in preparation for a presentation to the Board of Supervisors and a "letter of intent" to the State, the first step in the implementation process.

- Friends of the Health Department Fundraiser: Last Saturday night, May 1, the Friends of the Health Department sponsored a very successful "Casino Night" fundraiser to benefit the SFGH Trauma Center. Over 500 people attended the event which was chaired by Ms. Wendy Paskin, a member of the Friends Board of Directors. Ms. Paskin and Mayor Jordan hosted a reception which attracted many sports, political and media celebrities. This was the second annual Friends of DPH fundraiser and the Department, particularly SFGH, is grateful to the Friends Board of Directors, Ms. Paskin, and Mayor Jordan for their support.

SAN FRANCISCO GENERAL HOSPITAL

- Director of Nursing Appointment: Following a nationwide search, Ms. Gene Marie O'Connell, RN, MS has been selected as the Director of Nursing for San Francisco General Hospital. For the past eight months, Ms. O'Connell has served as the Acting Director and has proven her leadership skills. The quality of her leadership was particularly demonstrated during the JCAHO Accreditation and Licensure Review process.

  Ms. O'Connell has been at SFGH for the past nine years and has played a key role in implementing and maintaining the 20/20 RN training program to promote cultural diversity. She is also an Assistant Clinical Professor at the University of California School of Nursing and serves as Chair of City College's Nursing Advisory Board. Ms. O'Connell brings strong nursing and managerial skills to this critical position and I enthusiastically support Mr. Cordova's selection.

- Annual Nursing Award Dinner: The 9th Annual Nursing Award Dinner will be held this Wednesday, May 5 at 6 pm in the SFGH cafeteria. The theme for the evening is "Cultural Diversity" and the Nursing Department will recognize staff for excellence in clinical care. Members of the Health Commission are invited to attend.

- Grandparents Who Care: The RW Johnson Foundation recently awarded a $100,000 grant to Dr. Doriane Miller of SFGH for her work with the hospital's Grandparents Who Care program. Dr. Miller was one of 10 community leaders nationwide to receive the award in recognition of her leadership in establishing support groups for grandparents who are acting as parents for their grandchildren. The funds which will come in three yearly installments will be used to expand the counseling and child-care programs already in place.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office - Shanti Audit: Yesterday, May 3, the Shanti Project submitted a preliminary budget reconcilation of their FY 1991-92 Ryan White Housing Contracts. This unaudited budget reconciliation states that the Shanti Project must return $311, 259 to the Department of Public Health.

  The Shanti Project will submit a plan to the AIDS Office on May 15, 1993, with a repayment schedule. Further, the Shanti Project must by October 1, 1993, submit an audit for FY 1991-92 and 1992-93 that meets OMB A133 requirements.

  The AIDS Office will continue to work with the Shanti Project Board of Directors to assure compliance with the timelines established for completion of the Department's fiscal management requirements.

DPH SOFTBALL TEAM EXCELS

- City Departments Softball Tournament: This past weekend, May 1 -2, the DPH softball team captured 4th place, out of a field of 17 City departments,in the 4th Annual Workers' Children's Fund Softball Tournament which benefits foster children. DPH's 4-2 record was only surpassed by the PUC, Police and Fire Departments. DPH split two games against the Controller's Office and defeated the Housing Authority, Civil Service and our sister team, San Francisco General Hospital.

DPH's final game against the mighty Police Department was a cliff hanger with a final score PD 22, DPH 19, which included an outstanding performance by Dr. Michael Drennan, Medical Director of the Potrero Hill Health Center who hit an opposite field grand slam homer. Other standouts were Ed Walsh, Karen Heckman, Eric Griffin, Rafael Centeno, Larry Casper and David Gore. Larry Meredith, Richard Cordova, and I represented Executive Staff among the other enthusiastic players. This is the third year Steve LaPlante has coordinated DPH's participation in the city departments' softball league.

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, I approved the following appointments and reappointments of SFGH Medical Staff for January 1993:

Appointments to the Active Staff:	2
Reappointments to the Active Staff:	19
Appointments to the Courtesy Staff:	6
Reappointments to the Courtesy Staff:	23
Appointments to the Affiliated Staff:	0
Reappointments to the Affiliated Staff:	6

Details are available in the Commission Office.

APRIL STATISTICS

All April statistics will be reported at the next meeting of the Health Commission.

City and County of San Francisco

Department of Public Health
Director's Office

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond J. Baxter, Ph.D. RJBaxter for
Director of Public Health

Re: Response to the Mayor's Office request for additional reductions -- 1993-94 budget

Date: May 4, 1993

As you know, the Mayor's Office has requested an additional $25 million reduction to the DPH 1993-94 budget proposal. At the Commission's April 5th budget hearing, we presented four scenarios to meet part or all of this gap. We have now been asked to detail a combination of scenarios 2 and 3 from that previous package, in an attempt to preserve both mental health capacity and our ability to participate in managed care. As we discussed at your last budget hearing, cuts of this magnitude will result in major service reductions and downsizing throughout the system, affecting a large number of our existing clients. In this document, we attempt to summarize the full extent of all of the cuts we have presented so far, totaling $56 million in general fund reductions.

In our first 1993-94 budget proposal to you, we presented a budget pursuant to the Mayor's Office instructions that did not increase our General Fund allocation, despite significant anticipated cost increases. In order to do this, we proposed approximately $32 million in revenue increases, administrative and operating cost reductions, and service cuts. We tried to minimize service cuts by raising revenues and cutting administration as much as possible. However, as a result of our aggressive efforts in these areas over the last two years, we had fewer opportunities to do this and had to present you with a proposal that included about $9 million in painful service cuts, primarily in mental health and substance abuse.

Since 1991-92, we have raised approximately $84 million in new revenues, implemented $39 million in administrative and operating cost reductions, and cut $19 million from our services. These changes have required an extraordinary effort on the part of our employees and contractors, who are working in an increasingly difficult environment. Our challenges include:

- **Unprecedented state and local budget deficits.** Over the past two years, both the State and the City and County of San Francisco have faced unprecedented budget deficits. In 91-92 and 92-93, the DPH cut a total of $107.3 million from its anticipated general fund contribution. The DPH has been able to do this mainly with new revenue initiatives and with cuts to its administration and operating costs.

- **Managed care.** The State has mandated a rapid implementation of managed care in the Medi-Cal program in an effort to control cost increases and to improve access to care. Rather than being paid for each service provided, managed care will mean that the DPH will receive a set rate of payment per month for each person enrolled in the Medi-Cal program, regardless of the services required. This will require a complete change in our health care delivery system and some significant investments at this time. Failure to make these changes will jeopardize over $100 million in revenues.

- **National health care reform.** "Managed competition" will form the underpinning of the national health care reform. This structure will be fairly consistent with the way the State is moving forward with Medi-Cal managed care.

- **Demands for service are growing.** The same economic forces that are resulting in federal, state, and local deficits are also resulting in increased demands for service. As people lose their jobs, they also lose their health insurance and turn to the City for their care. They may also become homeless, and require additional health and social services.

- **DPH infrastructure is crumbling.** Without a reliable and adequate way of financing capital improvements and equipment, the DPH cannot maintain its operations. The ratio of capital to operating expenditures at private hospitals is 11%, at county hospitals is 5.3%, and last year at SFGH totaled 1.5%. SFGH is not as old as the average safety net hospital, but it will not survive as long with this rate of capital investment.

On Tuesday, April 5th we presented you with four scenarios on how we would cut an additional $5 to $23 million from our 1993-94 proposed budget, as requested by the Mayor's Office. We proposed to: (I) Defer salary increases for civil service employees and cost-of-living increases for contractors; or (II) implement a major downsizing while trying to preserve services to our most vulnerable populations, but restricting our ability to participate in managed care; or (III) implement a major downsizing while trying to preserve our ability to participate in a managed care system, but take more devastating cuts to mental health and substance abuse services; or (IV) restructure the financial relationship between the DPH and the City and County to improve operational

efficiencies, maximize financial opportunities and minimize risk, and reduce general fund over a three year period.

Over the last three weeks we have met with the staff of the Mayor's Office, Board of Supervisors, Budget Analyst, Controller and Chief Administrative Officer to discuss our financial restructuring proposal and other general fund reduction options.

The Mayor's Office has expressed particular concern about the impact of cuts in mental health, and instructed us to prepare a fifth scenario on how to make additional cuts from the DPH budget. This scenario combines the previous scenarios 2 and 3. It tries to preserve the Department's ability both to participate in managed care and to provide services to our most vulnerable populations in San Francisco. Although this new scenario--which has not yet been reviewed with Mayor's staff-- represents our best effort to accomplish this, it demonstrates how extraordinarily difficult it will be to do either. The total cuts we have presented to you represent major service cuts in most of our services throughout the system, and major reductions in much of our senior and middle management.

SCENARIO FIVE: DOWNSIZE THE ENTIRE SYSTEM, WHILE TRYING TO MAINTAIN OUR CAPACITY TO PARTICIPATE IN MANAGED CARE AND PROVIDE SOME SERVICES TO OUR MOST VULNERABLE POPULATIONS

This scenario (combined with Round One) will result in the following major service reductions, after revenue increases and administrative cuts:

- Grant no contractor COLA's in 1993-94
- Cut outpatient, including primary and specialty care at SFGH, by 32 percent
- Reduce med/surg inpatient beds at SFGH by 17 percent
- Eliminate 30 percent of the clients from our adult community mental health system
- Eliminate 30 percent of the clients from substance abuse services
- Cut our Skilled Nursing Bed capacity at Laguna Honda Hospital by 28 percent

San Francisco General Hospital–$8.9 million general fund savings and elimination of approximately 114 FTE's (plus approximately 95 UC FTE's).

SFGH continues as the City's trauma center and maintains support of the paramedic division and the emergency room. This proposal would decrease inpatient capacity by 18 beds, in addition to the 24 bed reduction in the first round of cuts. The additional reduction requires the elimination of all denied (non-paid) days and is contingent upon the successful discharge to LHH for long-term care. All patients who no longer require acute care would have to be discharged, regardless of whether they have adequate housing or other appropriate placement.

SFGH would maintain its psychiatric census at 84 beds. The Hospital would no longer cut 20 psychiatric beds as proposed in Round One. Instead, a business plan would generate $1.4 million in new revenues by discharging non-acute patients to community

services. The success of this business plan requires the discharge of these non-acute patients on a timely basis.

SFGH would reduce ambulatory care services by 82,000 visits, from 260,000 to 178,000. Specialty clinics will be reduced by one-third in order to provide essential support for trauma-related discharges. Consultation and referral services for the community based clinics will be reduced. SFGH will also reduce primary care services by one-third. Many patients would have to seek primary care services through the DPH's community based primary care clinics, and will experience longer waiting times in the emergency room. Essential pediatric, perinatal and HIV services will be maintained.

As part of this scenario, SFGH would limit methadone services to those required to allow timely discharge of SFGH inpatients from the wards. The reduction would eliminate methadone treatment services provided to 1,500 clients. SFGH would also reduce its support of the poison center by $320,000 to cover only the county's fair share of regional poison center services.

In the first round, SFGH took a total of $15.1 million in general fund reductions, consisting of $9.1 million in revenues, $4.3 million in administrative and operating cuts, and $1.7 million in service cuts. Included in Round One was a reduction of inpatient beds of 10% (from 242 to 218). In addition, paramedics will not staff an average of 1.4 ambulances which will apply upward pressure on response times which are currently beyond EMSA standards. In order to reduce the impact on response times, the Paramedic Division is working with the EMSA to address the policies for providing emergency medical services in San Francisco. The policy issues include: 1) alternative or non-response for non-emergency requests, 2) elimination of routine jail and CPHS transports, 3) multi-patient transports, 4) use of private providers to respond to low acuity calls, and 5) expanded range of paramedic options for treating patients in the field. Substance abuse services will be reduced.

As part of a major administrative reorganization, SFGH proposes to reduce senior and middle management positions by 16 (from 52 to 36); 12 in Round One and 4 in Round Two.

Laguna Honda Hospital–$2.2 million general fund savings and eliminate approximately 332 FTE's.

Laguna Honda Hospital would limit its services to discharges from SFGH, eliminating admissions from private hospitals and homes, and reduce its census by 300. To implement this change would require closing 300 beds, including all of Clarendon Hall. Admitting SFGH referrals at a rate of 40 per month coupled with approximately 70 general skilled nursing facility (SNF) discharges and deaths per month would take at least eight months to reach the target census of 800.

As part of this scenario, LHH would also close the Adult Day Health Center and the Senior Nutrition Program. Closure of LHH's Adult Day Health Program could result in institutionalization of many elders who could otherwise be cared for at home.

Laguna Honda Hospital contains one third of all the 3100 SNF beds in San Francisco. Reducing the number of SNF beds at LHH by 300 would compound the current and growing SNF bed shortage in San Francisco. This would increase the number of patients waiting for SNF placement, particularly those patients who are the most medically complex, including those with behavioral problems, large bedsores and heavy nursing care needs. The reduced census at LHH could result in misuse of acute services, inappropriate discharges from acute hospitals to home or to facilities unable to manage complex patients, increased discharges of San Francisco residents to SNF's out of county, and increased demands on other City services, including in-home support services, social services and community clinics.

In Round One, LHH made $4 million in administrative and operating cost reductions, and increased its revenues by $2 million.

Community Health Services--$1.6 million in general fund savings and eliminate approximately 18 FTE's

Under this scenario, the DPH would retain basic public health and environmental health services, and would maintain some primary care services in order to participate in managed care. These would include public health nursing, children's dental, health education, lab, maternal and child health, epidemiology and disease control, environmental health, toxics services and basic functions of the Emergency Medical Services Agency.

The specific service cuts include: over 1,800 seniors will no longer receive medication education; homeless and indigent healthcare will be reduced by 15% (13,800 contracted medical encounters); reduced capacity to perform epidemiological oversight and surveillance of non infectious diseases; reduced capacity to provide X-rays for diagnosis and treatment (by approximately 3,500 images annually); reduced capacity at the district health centers to provide communicable disease control, perinatal, health education, referral and follow-up services; elimination of adult dental services; reduction of health outreach, education, and translation services; and a reduction in the Department's capacity to process grant, contractual, and other fiscal documents.

Rounds One and Two will result in significant reductions in senior and middle managers: 7.25 cut from the budget and 8 reclassified downward.

Division of Mental Health, Substance Abuse and Forensics--$9.1 million savings

Mental Health, Substance Abuse and Forensics Services has taken the largest reductions in service in the Department's Round One and Two combined, for a total of $18.2 million in general fund cuts. The reductions are most severe in State Hospital and IMD cuts, where 90 severely mentally ill patients will not receive needed institutional care, and in the community based treatment system, where over 500 clients will be displaced from needed residential treatment and supportive housing services. A total of eleven programs will be closed, and twenty four programs will reduce their capacity to provide treatment. In Substance Abuse, treatment services will be severely reduced. A total of eight programs will be eliminated, and thirteen programs will reduce

their treatment capacity. The most severely impacted programs are substance abuse detoxification and outpatient treatment programs.

In proposing these cuts, we preserved services to children and geriatric clients, and attempted to minimize reduction to programs which generated third party revenue. We also retained conservatorship services, vocational rehabilitation, case management services, and preserved levels of services at the jails consistent with the consent decree.

The service cuts we describe represent the total cuts both in Rounds One and Two. Taken together, services will be reduced for 4,000 clients in the mental health system, which represent 30% of our existing clients. In substance abuse, services will be reduced for approximately 3,500 clients, or 27% in the substance abuse system.

Round One funding reductions in Forensic Services preserve a minimally acceptable staffing and service delivery level to inmates of San Francisco's County Jail. Rape Treatment Center's outreach to high risk populations was severely reduced. Round Two funding reductions preserve medical and psychiatric services for inmates at levels consistent with consent decree mandates. Rape treatment services will be reduced to only those mandated by legislation: eliminated will be all counseling, rape awareness and prevention training, legal advocacy and administrative support services. Services will be available only to those rape victims willing to file police reports--approximately 250 per year.

INDEX OF DPH 1993/94 GENERAL FUND REDUCTION PROPOSALS

	Description	Revenue	Admin/Oper.	Service	Total
	in thousands				
SAN FRANCISCO GENERAL HOSPITAL					
Round One $32 million General Fund Reduction Target					
	1. Business/Revenue Proposals	$7,890,000			$7,890,000
	2. Support Services Curteilment		$101,046	$33,052	$134,098
	3. Finence Efficiencies		$310,000		$310,000
	4. Emergency Services		$38,000	$1,220,000	$1,258,000
	5. Management Reduction		$633,000		$633,000
	6. Surgery Service		$113,000		$113,000
	7. Medicine Service		$254,476	$211,889	$466,365
	8. Substance Abuse Meth. Detox			$60,000	$60,000
	9. Patient Educ. Res. Ctr		$34,305		$34,305
	10. Women's Service		$277,200		$277,200
	11. Family Medicine Service		$50,500		$50,500
	12. Nutrition Program			$189,500	$189,500
	13. Pharmeceuticals		$1,310,000		$1,310,000
	14. Diagnostic/Clinicel Lab		$450,000		$450,000
	15. Psychiatric Program Business Plan	$1,400,000			$1,400,000
	18. Psychiatric Service		$105,000		$105,000
	17. Contract CMOSH		$177,000		$177,000
	18. Close 30 Med/Surg Beds		$3,400,000		$3,400,000
	19. Fringe Rate Reduction		$4,000,000		$4,000,000
	SubTotal of GF Cuts	$9,090,000	$11,253,527	$1,714,441	$22,057,968
	20. Menaged Care MIS		($1,250,000)		($1,250,000)
	21. Facilities Prevention Meintenence		($750,000)		($750,000)
	22. Open 6 Critical Care Beds		($2,490,000)		($2,490,000)
	23. Replace Equipment Purchases		($430,000)		($430,000)
	24. Security Awareness Plan		($450,000)		($450,000)
	25. Capital Projects		($1,590,000)		($1,590,000)
	Net GF Cuts Round One	$9,090,000	$4,293,527	$1,714,441	$15,097,968
Round Two $25 million General Fund Reduction Target					
	26. Revenue S81255 (Managed Care)	$2,600,000			$2,600,000
	27. Close 18 Med/Surg Beds			$2,181,890	$2,181,890
	28. Ancillary & Support Services Inpatient			$1,499,877	$1,499,877
	29. Inpetient Cost/Unit Reduction			$928,000	$928,000
	30. Eliminate 82,000 Outpatient Visits			$2,560,000	$2,560,000
	31. Eliminete Sub Abuse Meth Detox			$440,000	$440,000
	32. Reduce Poison Control to Fair Share	$256,000			$256,000
	34. DPH Managed Care MIS Initiative		($1,600,000)		($1,600,000)
	Net GF Cuts Round Two	$2,858,000	($1,600,000)	$7,809,587	$8,865,587
	TOTAL SFGH GF CUT I & II	**$11,946,000**	**$2,693,527**	**$9,324,008**	**$23,963,535**
LAGUNA HONDA HOSPITAL					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposels	$2,040,780			$2,040,780
	2. Nursing Admin.		$322,812		$322,812
	3. Misc. Staff		$551,286		$551,286
	4. Nursing Skill Mix & OT		$513,806		$513,808
	5. Hiring Plan		$2,000,000		$2,000,000
	8. Contrects & Oper		$571,316		$571,316
	SubTotal of GF Cuts Round One	$2,040,780	$3,959,220	$0	$6,000,000

INDEX OF DPH 1993/94 GENERAL FUND REDUCTION PROPOSALS

	Description	Revenue	Admin/Oper.	Service	Total
	in thousands				
Round Two $25 million General Fund Reduction Target					
	7. Close 300 SNF beds			$1,656,000	$1,656,000
	8. Close Adult Day Health and Senior Nutrition			$460,000	$460,000
	9. COLAs		$119,000		$119,000
	SubTotal of GF Cuts Round Two	$0	$119,000	$2,116,000	$2,235,000
	TOTAL LHH GF CUT I & II	**$2,040,780**	**$4,078,220**	**$2,116,000**	**$8,235,000**
DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE AND FORENSICS					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposals	$700,000			$700,000
	2. Nope Beds- utilization			$1,645,000	$1,645,000
	3. Convert Contracts to FFS		$400,000		$400,000
	4. Bayview Hunters Point Day and OP			$522,418	$522,418
	5. Cal-Pac Thunderbird			$61,227	$61,227
	6. Operation Concern			$35,169	$35,169
	7. Lodge DT			$13,480	$13,480
	8. FSA-MIA program			$85,797	$85,797
	9. FSA-Japanese Family			$18,145	$18,145
	10. Instituto Familiar de la Raza			$44,074	$44,074
	11. RAMS - Day and Outpatient			$137,606	$137,606
	12. Westside Outpatient Clinic			$74,982	$74,982
	13. Wetside Community Crisis			$207,103	$207,103
	14. Civil Service - OP and Day Services			$1,022,000	$1,022,000
	15. L Facilities			$300,000	$300,000
	16. SFGH/PES/Inpatient			$200,000	$200,000
	17. UC Ctr on Deafness			$100,000	$100,000
	18. Mission Council			$125,585	$125,585
	19. Meth Detox BVHP			$95,727	$95,727
	20. Meth Detox Westside			$75,651	$75,651
	21. Meth Detox Ward 93 (SFGH)			$30,000	$30,000
	22. OP Drug Detox HAFMC			$155,901	$155,901
	23. Crisis/Info Phone Service			$66,000	$66,000
	24. CATS Transport			$150,000	$150,000
	25. Acupuncture BVHP			$12,000	$12,000
	26. OP Couns Glide (Facte on Crack)			$30,000	$30,000
	27. Outpatient Couns Westside			$30,000	$30,000
	28. Harriet Street			$373,000	$373,000
	29. Close Detox Tenderloin			$273,031	$273,031
	30. Residential Drug Walden			$93,580	$93,580
	31. Residential Drug AARS			$68,418	$68,418
	32. Support Svc. Bridgeway			$76,000	$76,000
	33. Support Svc. Arlington			$69,000	$69,000
	34. Residential Detox Sal. Army			$58,000	$58,000
	35. Jail Medical		$784,400		$784,400
	36. Jail Social Work			$50,042	$50,042
	37. Jail Psyche			$50,000	$50,000
	38. Rape Treatment			$69,000	$69,000
	SubTotal GF Cuts Round One	$700,000	$1,184,400	$6,417,936	$8,302,336
Round Two $25 million General Fund Reduction Target					
	39. Revenue Proposals	$1,472,000			$1,472,000
	40. Revenue Loss	($552,000)			($552,000)
	41. Civil Service - OP and Day Services			$184,000	$184,000

INDEX OF DPH 1993/94 GENERAL FUND REDUCTION PROPOSALS

	Description	Revenue	Admin/Oper.	Service	Total
	in thousands				
	42. Napa State Hospital			$920,000	$920,000
	43. L Facilities			$736,000	$736,000
	44. Progress House Resid.			$268,640	$268,640
	45. Baker House Resid			$423,200	$423,200
	46. NE Lodge Resid.			$661,480	$661,480
	47. Conard - Jackson Resid.			$478,400	$478,400
	48. Progress Support Service Coops			$138,000	$138,000
	49. Baker Pieces Support Services Coops			$138,000	$138,000
	50. Conard House Support Serv. Hotel			$828,000	$828,000
	51. Episcopal Comm. Serv. - Homeless			$99,360	$99,360
	52. Catholic Charities - Homeless			$52,440	$52,440
	53. Swords to Plowshare - Homeless			$32,200	$32,200
	54. Contractor COLA Reduc. (Mental Health)			$1,762,828	$1,762,828
	55. 8VHP Alice Griffith			$23,000	$23,000
	56. Walden House			$92,000	$92,000
	57. Contractor COLA Reduc. (Sub. Abuse)			$841,594	$841,594
	58. Tom Smith Center			$184,000	$184,000
	59. St. Vincent de Paul - Ozanam Center			$73,600	$73,600
	60. Contractor COLA Reduc. (Forensics)			$16,526	$16,526
	61. Rape Treatment Center			$264,960	$264,960
	SubTotal GF Cuts Round Two	$920,000	$0	$8,218,228	$9,138,228
	TOTAL DMSF GF CUT I & II	$1,620,000	$1,184,400	$14,636,164	$17,440,564
COMMUNITY HEALTH SERVICES					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposals	$1,500,000			$1,500,000
	2. Revenue Proposal FQHC	$100,000			$100,000
	3. Admin Consolidation TWC		$186,708		$186,708
	4. Training Tenderloin Self Help		$40,000		$40,000
	5. Epidemiology		$163,978		$163,978
	6. Home Health Agency		$433,163		$433,163
	7. Grant revenue Health Centers	$265,018			$265,018
	8. Contract Consolidation AIDS		$1,207,421		$1,207,421
	9. Provider Training CAL-Pep		$24,279		$24,279
	10. Provider Training Polaris			$128,481	$128,481
	11. Media Consult- AIDS Foundation			$43,346	$43,346
	12. Comm Events-AIDS Foundation			$53,473	$53,473
	13. Revenue Consumer Protection	$228,580			$228,580
	14. Toxics Poison Control		$18,000		$18,000
	15. Toxics Health Education			$60,671	$60,671
	16. MIS Efficiencies		$19,253		$19,253
	17. Admin. EMSA	$15,000	$14,502		$29,502
	18. EMSA M&S		$10,000		$10,000
	19. EMSA Educ & QA		$10,498		$10,498
	SubTotal GF Cuts Round One	$2,108,598	$2,127,802	$285,971	$4,522,371
Round Two $25 million General Fund Reduction Target					
	20. Senior Medication Education			$112,585	$112,585
	21. Lyon-Martin Med Services to Women			$31,496	$31,496
	22. Haight-Ashbury Health Serv to Indigents			$48,089	$48,089
	23. MNHC Med Services to Indigents			$165,537	$165,537
	24. Over. & Surv. Non-infectious Diseases			$152,761	$152,761
	25. In-home Couns. to ill PWAs			$98,536	$98,536

INDEX OF DPH 1993/94 GENERAL FUND REDUCTION PROPOSALS

	Description	Revenue	Admin/Oper.	Service	Total
	in thousands				
	26. Group Training for Providers			$21,889	$21,889
	27. Vacancy Deletions		$86,118	$371,594	$457,711
	28. Superv. Positions at CPHS		$364,038		$364,038
	29. Administrative Reductions by TX		$171,457		$171,457
	SubTotal GF Cuts Round Two	$0	$621,613	$1,002,486	$1,624,099
	TOTAL CHS GF CUT I & II	$2,108,598	$2,749,415	$1,288,457	$6,146,470
	DPH TOTAL GF CUTS	$13,939,378	$11,564,949	$8,418,348	$33,922,675
	TOTAL DPH GF CUT I & II	$17,715,378	$10,705,562	$27,364,629	$55,785,569

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 9-93

RESOLUTION PROPOSING POLICIES FOR THE REFORM OF ADULT MENTAL HEALTH SERVICES INTO AN INTEGRATED SERVICE SYSTEM USING CLUSTERS

WHEREAS, the continuing fiscal crises of the City and the State have resulted in significant budget reductions and reduced capacity in the mental health system for the past several years; and,

WHEREAS, the State Department of Mental Health is proceeding with implementation of the Rehabilitation Option and Coordinated Services in FY 1993-94; and,

WHEREAS, the State Department of Health Services and the State Department of Mental Health have proposed a policy of "carving out" Medi-Cal mental health services and beginning the implementation of Mental Health Managed Care in FY 1993-94; and,

WHEREAS, the implementation of Mental Health Managed Care will result in the City and County assuming full risk and liability for cost of all clients served; and,

WHEREAS, the long-range goal of the Department is the development of an integrated system of health, mental health and substance abuse services; and,

WHEREAS, the aforementioned goal and changes necessitate the redesign of mental health services for adults into an integrated service system which is accountable, efficient, cost effective and able to provide continuous, quality services to the seriously mentally ill in a culturally competent manner, therefore; be it

RESOLVED, that the San Francisco Health Commission does hereby declare the, following to be the policies of the San Francisco Department of Public Health:

1. The existing pool of providers of mental health services will be maintained in FY 1993-94 to the extent that resources are available, with the provision that funding levels, services, tasks, roles and responsibilities will be modified to conform to the integrated service system of care.

2. A civil service unit will be designated in each cluster to perform basic risk and clinical liability management roles such as gatekeeping, eligibility determination and utilization control functions. This unit will serve as the single point of entry for clients into the system.

3. A methodology for resource allocation must be developed which gives priority to numbers of the priority target population served and acuity levels. For FY 93-94, funding levels will factor in numbers of target population served, numbers of clients served who are recently discharged from acute/institutional services and numbers of homeless mentally ill to be served in the cluster region; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission directs the Department to report on progress of cluster implementation on a regular basis to the Joint Conference Committee on Mental Health and to provide a full report to the Health Commission within six months.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ADDENDUM TO RESOLUTION FOR THE REFORM OF ADULT MENTAL HEALTH SERVICES INTO AN INTEGRATED SERVICE SYSTEM USING CLUSTERS

RESOLVED, that the San Francisco Health Commission does hereby declare the following to be additional policies of the San Francisco Department of Public Health for Adult Mental Health System reform:

1. The Mental Health System shall be a multicultural system of care.

2. The Cluster Region definition is reflected in Appendix A. Boundaries may be modified with experience in order to better serve the seriously mentally ill. While clusters are defined by these geographic boundaries, clients may choose the cluster from which they wish to receive services. All clusters must have the capacity to serve a diverse population.

3. The specialty cultural focus teams will be located in the clusters as reflected in Appendix A.

I hereby certify that the foregoing addendum was adopted by the Health Commission at its meeting of Tuesday, May 4, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 11-93

RESOLUTION RECOMMENDING THAT PROPOSITION D,
WHICH PROVIDES THE DEPARTMENT OF PUBLIC HEALTH WITH
THE ABILITY TO ENTER INTO LEASE FINANCING ARRANGEMENTS,
BE RESUBMITTED TO THE VOTERS OF SAN FRANCISCO

WHEREAS, the acquisition of medical equipment and capital improvements to facilities is critical to the Department of Public Health's ability to fulfill its mission; and,

WHEREAS, the City and County have very limited budgets for the purchase of capital equipment and funding of capital improvement projects; and,

WHEREAS, the Charter Amendment set forth in Proposition D would enable the Department of Public Health to enter into lease financing arrangements for capital equipment and capital improvements; and,

WHEREAS, such lease financing arrangements would provide a cost effective means for the City and County to acquire capital equipment and capital improvements; and,

WHEREAS, Proposition D failed by only a very narrow margin in the last election; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommends to the Board of Supervisors that Proposition D be resubmitted to the voters of San Francisco in the next election.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 4, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT D

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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NOTICE

FOR

SPECIAL HEALTH COMMISSION MEETING

4:00 P.M.
Tuesday, May 11, 1993
101 Grove Street, Room #300
San Francisco, CA 94102

Agenda

1. CALL TO ORDER.

2. RECONSIDERATION OF THE PROPOSED FURTHER REDUCTIONS FOR THE FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BUDGET.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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PUBLIC NOTICE

SPECIAL HEALTH COMMISSION MEETING
May 11, 1993

The meeting site for the Health Commission meeting of Tuesday, May 11, 1993 has been changed from 101 Grove Street, Room #300, to the Board of Supervisors' Chambers, 2nd floor, City Hall.

The meeting starts at 4:00 p.m.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, May 11, 1993
4:00 P.M.
at
Board of Supervisors Chambers
City Hall
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 4:15 p.m.

Present: Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

2) RECONSIDERATION OF THE PROPOSED FURTHER REDUCTIONS FOR THE FY 1993-94 DEPARTMENT OF PUBLIC HEALTH BUDGET

Dr. Raymond J. Baxter, Ph.D. presented a sixth scenario (Attachment A) as a response to the Commission's request to work with the Mayor's budget staff to look at other options and other scenarios. Dr. Baxter acknowledged DPH Budget Director Susan Ehrlich and Debbie Alvarez, his Executive Staff, the Department of Public Health Budget Advisory Committee, and the many Department of Public Health Advisory Committees.

Commissioner Jackson complimented the Department of Public Health Executive Staff for their hard work under short time constraints.

Commissioner Paras introduced a proposed resolution (Attachment B), which was seconded.

Commissioner Rosenstiel asked Deputy City Attorney Paula Jesson whether the Health Commission was legally required to act on the proposed budget reductions and transmit them to the Mayor. Ms. Jesson stated that the Department has already submitted its budget to the Mayor as part of the budget process. The Mayor has requested that the Department propose additional budget reductions. However, there is no legal requirement that the Health Commission transmit these additional budget reductions to the Mayor. Whether or not the Health Commission forwards additional reductions, the Mayor is free at this point to fashion the budget in any manner he deems appropriate.

Commissioner Rosenstiel, in expressing his concern that the Commission should not take any action forwarding the budget cuts today, but should endorse the work of the Department staff, and should use stronger language in the resolution, offered the following amendments, which were each seconded:

1) To remove the second WHEREAS and replace it with a RESOLVED that the Health Commission, while affirming its confidence that the Department has developed alternatives that minimize the service impact of such a large General Fund cut, finds that both the May 10th alternative and all previous alternatives, except Scenarios #1 and #4, developed by the Department would dangerously imperil the health of large numbers of San Franciscans.

   Action Taken: The Commission voted 5 to 1 to defeat the amendment.
   Aye: Commissioner Rosenstiel
   No: Commissioners Jackson, Kaufman, Ludington, Marton and Paras

2) Commissioner Rosenstiel offered an amendment for the last RESOLVED to read that the Health Commission supports the prioritization of the proposed budget reductions offered by the Director of Public Health, should the General Fund support for the Department's services be reduced.

   Action Taken: The Commission approved the amendment.
   Aye: Commissioners Jackson, Kaufman, Marton, Paras, and Rosenstiel
   No: Commissioner Ludington.

3) Commissioner Rosenstiel offered a further RESOLVED that the Health Commission requests the Mayor to demonstrate how each segment of our community is sharing in the pain of balancing the budget, either by suffering severe cuts, foregoing wage increases, or paying increased fees or taxes, and, if the Health Department and the users of its services are suffering disproportionately, to explain why.

   Action Taken: The amendment failed due to a 3 to 3 vote.
   Aye: Commissioners Ludington, Marton and Rosenstiel
   No: Commissioners Jackson, Kaufman and Paras.

4) Commissioner Marton offered an amendment to add one more RESOLVED that Commissioner Rosenstiel originally offered, which is that the Health Commission, while affirming its confidence that the Department has developed alternatives that minimize the service impact of such a large General Fund cut, finds that both the May 10th alternative and all previous alternatives, except Scenarios #1 and #4, developed by the Department would dangerously imperil the health of large numbers of San Franciscans.

   Action Taken: The Commission approved the amendment.
   Aye: Commissioners Jackson, Kaufman, Ludington, Marton, Paras and Rosenstiel

Action Taken on the whole resolution, including the approved amendments:

The Commission approved (4 to 2) Resolution #12-93 (Attachment C), including the approved amendments.
Aye: Commissioners Jackson, Kaufman, Marton and Paras
No: Commissioners Ludington and Rosenstiel.

3) OTHER BUSINESS/PUBLIC COMMENTS

Public Speakers:

Denise Rodgers, M.D.
Dick Fine, M.D., SFGH
John Luce, M.D., SFGH
Roger Simon, M.D., SFGH
James Kahn, UCSF/SFGH
Mary McCutcheon, R.N., Family Health & Refugee Clinics
Samira Alibaket, Newcomers Program
John Dang, Refugee Clinic
Sukchai Ly, Newcomers Program
Doris Robinson
Arsenio Bermudez
David Grimes, M.D., SFGH - OB/Gyn.
Lynn Carter, Community Advisory Board, SFGH
Azile Kelly Johnston
Angela Martin
K. Kaufman
Robert Mackersie - SFGH - Trauma/Dept. of Surgery
Gladys Sandlin, Mission Neighborhood Health Center
Adele Corvin, S.F. Adult Day Health Network
Meg Doherty, Family Service Agency
Bei Nestor
Walter Johnson, S.F. Labor Council
Keith Folger, Alcohol/Drug Contractors Association
Dan Odneal, San Jose Care Guidance Center
Ed de la Cruz, Mental Health Board
David Fariello
Michelle Aldrich, Drug Abuse Advisory Board
Minda Dizon, Crestwood Hospital
Paula Fiscal, Citywide Alcoholism Advisory Board
Rob Carriger, Conard House Hotel Program
David Sanders
Eve Meyer, S.F. Suicide Prevention Center
Nina Jo Smith
Tom Genelli
Steve Leoni, Consumer Task Force

The meeting was adjourned at 6:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health
Director's Office

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond J. Baxter, Ph.D.
Director of Public Health

Re: Response to the Mayor's Office request for additional reductions-- 1993-94 budget

Date: May 10, 1993

This responds to your request to re-examine the reductions to our Scenario Five 1993-94 budget reduction proposal that we presented to you last week. After extensive discussions with President Jackson and with the Mayor and his staff, we are proposing a new scenario which substitutes $2.0 million in additional administrative cuts and some minor revenue adjustments for nearly $2 million of the most painful cuts in mental health and substance abuse programs. We also removed cuts totaling $772,000 from the list as requested by the Mayor's Office. These changes are detailed on the attached spreadsheet, and are discussed further below.

We used a number of principles in developing Scenario 5:

- Preserve revenues, particularly SB 855, which in part subsidizes services to poor people with no health insurance.
- Preserve our basic public health services.
- Preserve primary care services that will help prevent illness and acute hospitalization.
- Preserve services to the most vulnerable populations, and try to minimize cuts that would discharge clients to the streets.
- Reduce as much as possible expensive acute care and institutional services.

With a total target of $56 million in cuts, we had to strike a balance among these principles. We reduced acute care beds at the San Francisco General Hospital, but retained sufficient capacity to maintain SB 855 revenues. We reduced beds at Laguna Honda Hospital, but retained enough in order to accommodate discharges from SFGH. We tried to maintain as much primary care and mental health and substance abuse services as possible, but ultimately had to reduce 25 percent of our total primary care capacity, about 30 percent of the severely mentally ill from the adult mental health system, and about the same from our substance abuse services. These cuts are extraordinarily painful and will result in thousands of individuals no longer receiving service. Nonetheless, they represent our best professional judgment about what can be reduced, given the grave circumstances.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

The Department of Public Health 1993-94 budget proposes to meet a $56 million general fund reduction target by: (1) increasing revenues by nearly $20 million; (2) cutting administration and operations by $14 million; and (3) Cutting services by just over $22 million for all divisions combined. The additional administrative cuts, totaling $1.7 million, are as follows:

- Cut executive staff salaries. Division heads and I will take a 5 percent pay cut. ($49,000). We are encouraging all senior managers to join us in this voluntary salary reduction program.

- Reduce senior and middle level management to a target of 25 percent from the already reduced level in 1992-93. We eliminated 38 and downgraded 9 positions for a total of 47 out of 201 senior and middle managers to meet this target. The total senior and middle manager savings exceeds $3.2 million in 1993-94 with $404,539 being counted towards our additional $2 million administration cut.

- Charge $65/month for all employee parking. ($861,000)

- Eliminate cost-of-living (COLAs) increases for all community-based contract providers not already reduced in previous rounds. ($419,000)

- Cut positions in facilities maintenance in Community Health Services. ($46,000)

I believe the extremely grave circumstances we face leave us no choice but to make these additional administrative cuts. Nonetheless, I believe that these extensive cuts in senior and middle management will hamper our ability to carry out the service reductions and to implement managed care. These changes will require an extraordinary effort on the part of our employees and contractors, who are working in an increasingly difficult environment. These cuts will affect every area of operations, for example clinical administration, data processing, food service, contracts processing, and housekeeping. With the encouragement of the Mayor and the Board of Supervisors, we will continue our planning to restructure the financial relationship of the DPH to the City. But given the depth of the program and management cuts proposed here, we can no longer project any savings from this in the next fiscal year.

The service cuts we have taken off the list and those still remaining are detailed on the attached spreadsheets. The cuts we have taken off the list include supportive housing services in mental health and residential services in substance abuse.

Finally, at the Mayor's request we have prioritized additional services to be restored, if funds are available, in $2 million increments:

- Outpatient services at San Francisco General Hospital;

- Additional mental health and substance abuse services;

- All beds at Laguna Honda;

- Remaining outpatient services at SFGH, community-based primary care contractors, rape treatment services, additional mental health services

INDEX OF DPH 1993/94 GENERAL FUND REDUCTION PROPOSALS

5/10/93

	Description	Revenue	Admin/Oper.	Service	Total
	In thousands				
SAN FRANCISCO GENERAL HOSPITAL					
Round One $32 million General Fund Reduction Target					
	1. Business/Revenue Proposals	$7,690,000			$7,690,000
	2. Support Services Curtailment		$101,046	$33,052	$134,098
	3. Finance Efficiencies		$310,000		$310,000
	4. Emergency Services		$38,000	$1,220,000	$1,258,000
	5. Management Reduction		$633,000		$633,000
	6. Surgery Service		$113,000		$113,000
	7. Medicine Service		$254,476	$211,889	$466,365
	8. Substance Abuse Meth. Detox			$60,000	$60,000
	9. Patient Educ. Res. Ctr		$34,305		$34,305
	10. Women's Service		$277,200		$277,200
	11. Family Medicine Service		$50,500		$50,500
	12. Nutrition Program			$189,500	$189,500
	13. Pharmaceuticals		$1,310,000		$1,310,000
	14. Diagnostic/Clinical Lab		$450,000		$450,000
	15. Psychiatric Program Business Plan	$1,400,000			$1,400,000
	16. Psychiatric Service		$105,000		$105,000
	17. Contract CMOSH		$177,000		$177,000
	18. Close 30 Med/Surg Beds		$3,400,000		$3,400,000
	19. Fringe Rate Reduction		$4,000,000		$4,000,000
	SubTotal of GF Cuts	$9,090,000	$11,253,527	$1,714,441	$22,057,968
	20. Managed Care MIS/SFGH		($1,250,000)		($1,250,000)
	21. Facilities Prevention Maintenance		($750,000)		($750,000)
	22. Open 6 Critical Care Beds			($2,490,000)	($2,490,000)
	23. Replace Equipment Purchases		($430,000)		($430,000)
	24. Security Awareness Plan		($450,000)		($450,000)
	25. Capital Projects		($1,590,000)		($1,590,000)
	Net GF Cuts Round One	$9,090,000	$6,783,527	($775,559)	$15,097,968
Scenario V $25 million General Fund Reduction Target					
	26. Revenue SB1255 (Managed Care)	$2,600,000			$2,600,000
	27. Close 18 Med/Surg Beds			$2,181,890	$2,181,890
	28. Ancillary & Support Services Inpatient			$1,499,677	$1,499,677
	29. Inpatient Cost/Unit Reduction			$928,000	$928,000
	30. Eliminate 82,000 Outpatient Visits			$2,560,000	$2,560,000
R/m	31. Eliminate Sub Abuse Meth Detox (440K)			$0	$0
	32. Reduce Poison Control to Fair Share	$256,000			$256,000
	34. DPH Managed Care Initiative		($1,600,000)		($1,600,000)
	Net GF Cuts Round Two	$2,856,000	($1,600,000)	$7,169,567	$8,425,567
Scenario VI Above cuts plus:					
	35. Parking Revenue	$429,000			$429,000
	SubTotal GF Cuts Scenario VI	$429,000	$0		$429,000
	TOTAL SFGH GF CUT ALL	$12,375,000	$5,183,527	$6,394,008	$23,952,535
LAGUNA HONDA HOSPITAL					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposals	$2,040,780			$2,040,780
	2. Nursing Admin.		$322,812		$322,812
	3. Misc. Staff		$551,286		$551,286
	4. Nursing Skill Mix & OT		$513,806		$513,806

Note: R/m means restored by the Mayor's Office. R/d means restored by the DPH

	Description In thousands	Revenue	Admin/Oper.	Service	Total
	5. Hiring Plan		$2,000,000		$2,000,000
	6. Contracts & Oper		$571,316		$571,316
	SubTotal of GF Cuts Round One	$2,040,780	$3,969,220	$0	$6,000,000
Scenario V $25 million General Fund Reduction Target					
	7. Close 300 SNF beds			$1,656,000	$1,656,000
	8. Close Adult Day Health and Senior Nutrition			$460,000	$460,000
	9. Eliminate Contractor COLAs		$119,000		$119,000
	SubTotal of GF Cuts Round Two	$0	$119,000	$2,116,000	$2,235,000
Scenario VI Above cuts plus:					
	35. Parking Revenue	$351,000			$351,000
	36. Additional Management Cut		$126,250		$126,250
	SubTotal GF Cuts Scenario VI	$351,000	$126,250		$477,250
	TOTAL LHH GF CUT ALL	$2,391,780	$4,204,470	$2,116,000	$8,712,250
DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE AND FORENSICS					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposals	$700,000			$700,000
	2. Nepa Beds- utilization			$1,645,000	$1,645,000
	3. Convert Contracts to FFS		$400,000		$400,000
	4. Bayview Hunters Point Day and OP			$522,418	$522,418
	5. Cal-Pac Thundersaed			$61,227	$61,227
	6. Operation Concern			$35,169	$35,169
	7. Lodge DT			$13,480	$13,480
	8. FSA-MIA program			$85,797	$85,797
	9. FSA-Japanese Family			$18,145	$18,145
	10. Instituto Familiar de la Raza			$44,074	$44,074
	11. RAMS - Day and Outpatient			$137,606	$137,606
	12. Westside Outpetient Clinic			$74,982	$74,982
	13. Westside Community Crisis			$207,103	$207,103
R/d	14. Civil Service - OP and Day Services (18K)			$1,006,000	$1,006,000
	15. L Facilities			$300,000	$300,000
	16. SFGH/PES/Inpatient			$200,000	$200,000
	17. UC Ctr on Deafness			$100,000	$100,000
	18. Mission Council			$125,585	$125,585
	19. Meth Detox BVHP			$95,727	$95,727
	20. Meth Detox Westside			$75,651	$75,651
R/d	21. Meth Detox Ward 93 (SFGH) (30k)			$0	$0
R/d	22. OP Drug Detox HAFMC (156k)			$0	$0
	23. Crisis/Info Phone Service			$66,000	$66,000
R/d	24. CATS Transport (150k)			$0	$0
R/d	25. Acupuncture BVHP (12k)			$0	$0
R/d	26. OP Couns Glide (Facts on Crack) (30k)			$0	$0
R/d	27. Outpetient Couns Westside (30k)			$0	$0
	28. Harriet Street			$373,000	$373,000
	29. Close Detox Tenderloin			$273,031	$273,031
R/d	30. Residential Drug Walden (94k)			$0	$0
R/d	31. Residential Drug AARS (69k)			$0	$0
	32. Support Svc. Bridgeway			$67,000	$67,000
	33. Support Svc. Arlington			$69,000	$69,000
	34. Residential Detox Sal. Army			$58,000	$58,000
	35. Jail Medical		$784,400		$784,400

Note: R/m means restored by the Mayor's Office. R/d means restored by the DPH

	Description	Revenue	Admin/Oper.	Service	Total
	In thousands				
	38. Jail Social Work			$50,042	$50,042
	37. Jail Psyche			$50,000	$50,000
	38. Rape Treatment			$89,000	$89,000
	SubTotal GF Cuts Round One	$700,000	$1,184,400	$5,823,037	$7,707,437
Scenario V $25 million General Fund Reduction Target					
	39. Revenue Proposals	$1,472,000			$1,472,000
	40. Revenue Loss	$600,000			$800,000
R/d	41. Civil Service - OP and Day Services (184K)			$0	$0
	42. Napa State Hospital			$920,000	$920,000
	43. L Facilities			$736,000	$736,000
	44. Progress House Resid.			$288,840	$288,640
R/d	45. Baker House Resid (423k)			$0	$0
	48. NE Lodge Resid.			$681,480	$681,480
	47. Conard - Jackson Resid.			$478,400	$478,400
	48. Progress Support Service Coops			$138,000	$138,000
	49. Baker Pieces Support Services Coops			$138,000	$138,000
R/d	50. Conard House Support Serv. Hotel (600K)			$228,000	$228,000
R/m	51. Episcopal Comm. Serv. - Homeless (99K)			$0	$0
R/m	52. Catholic Charities - Homeless (52K)			$0	$0
R/m	53. Swords to Plowshers - Homeless (32K)			$0	$0
	54. Eliminate Contractor COLA M.H.			$1,918,117	$1,918,117
R/d	55. BVHP Alice Griffith (23K)			$0	$0
R/d	58. Walden House (92k)			$0	$0
	57. Eliminate Contractor COLA CSAS			$914,778	$914,778
	58. Tom Smith Center			$184,000	$184,000
R/d	59. St. Vincent de Paul - Ozanam Center (74k)			$0	$0
	80. Eliminate Contractor COLA Forensics			$17,963	$17,983
	61. Rape Treatment Center			$284,960	$284,960
	SubTotal GF Cuts Round Two	$2,072,000	$0	$6,866,336	$8,938,338
Scenario VI Above cuts plus:					
	62. Parking Revenue	$19,500			$19,500
	63. Other Revenue	$128,000			$128,000
	64. Middle Management cut		$89,844		$89,844
	SubTotal GF Cuts Scenario VI	$19,500	$89,844		$217,344
	TOTAL DMSF GF CUT ALL	$2,791,500	$1,254,244	$12,689,373	$16,735,117
COMMUNITY HEALTH SERVICES					
Round One $32 million General Fund Reduction Target					
	1. Revenue Proposals	$1,500,000			$1,500,000
	2. Revenue Proposal FQHC	$100,000			$100,000
	3. Admin Consolidation TWC		$171,254		$171,254
	4. Training Tendeloin Self Help		$40,000		$40,000
	5. Epidemiology		$156,997		$158,997
	6. Home Health Agency		$440,144		$440,144
	7. Grant revenue Health Centers	$244,100			$244,100
	8. Contract Consolidation AIDS		$1,207,421		$1,207,421
	9. Provider Training CAL-Pep		$24,279		$24,279
	10. Provider Training Polaris			$128,481	$128,481
	11. Media Consult- AIDS Foundation			$43,346	$43,346
	12. Comm Events-AIDS Foundation			$53,473	$53,473
	13. Revenue Consumer Protection	$228,580			$228,580

Note: R/m means restored by the Mayor's Office. R/d means restored by the DPH

	Description	Revenue	Admin/Oper.	Service	Total
	In thousands				
	14. Toxics Poison Control		$18,000		$18,000
	15. Toxics Health Education			$60,671	$60,671
	16. MIS Efficiencies		$19,253		$19,253
	17. Admin. EMSA	$15,000	$15,154		$30,154
	18. EMSA M&S		$10,000		$10,000
	19. EMSA Educ & QA		$10,970		$10,970
	SubTotal GF Cuts Round One	$2,087,880	$2,113,472	$285,971	$4,487,123
Scenario V $25 million General Fund Reduction Target					
	20. Senior Medication Education			$112,177	$112,177
	21. Lyon-Martin Med Services to Women			$30,175	$30,175
	22. Haight-Ashbury Health Serv to Indigents			$46,073	$46,073
	23. MNHC Med Services to Indigents			$158,593	$158,593
	24. Over. & Surv. Non-infectious Diseases			$51,128	$51,128
R/m	25. In-home Couns. to III PWAs (99K)			$0	$0
	26. Group Training for Providers			$20,971	$20,971
	27. Vacancy Delations		$85,805	$370,247	$456,052
	28. Superv. Positions at CPHS		$291,149		$291,149
	29. Administrative Reductions by TX		$170,837		$170,837
	SubTotal GF Cuts Scenario V	$0	$547,791	$789,364	$1,337,156
Scenario VI Above cuts plus:					
	30. S8910 Revenue	$200,000			$200,000
	32. Eliminate Contractor Cola		$418,850		$418,850
	33. Parking Revenue	$85,130			$85,130
	34. Eliminate Car Replacement		$8,014		$8,014
	35. Additional Management Cut		$163,288		$163,288
	36. Division Head 5% Pay Cut		$49,000		$49,000
	37. Facilities Maintenance Cons.		$46,308		$46,308
	SubTotal GF Cuts Scenario VI	$285,130	$685,480		$950,590
	TOTAL CHS GF CUT ALL	$2,352,810	$3,346,723	$1,075,335	$6,774,868
TOTAL DPH GF CUT ALL		$19,911,090	$13,988,964	$22,274,716	$56,174,770

Note: R/m means restored by the Mayor's Office. R/d means restored by the DPH

D R A F T

RESOLUTION ON THE BUDGET REDUCTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 1993-94

WHEREAS, the City's efforts to balance its budget should equitably distribute the pain among all citizens and attempt to maintain an essential safety net for the most vulnerable segments of our population; and

WHEREAS, the San Francisco Health Commission has received the FY 1993-94 proposed reductions and reluctantly forwards this budget to the Mayor of the City and County of San Francisco; and,

WHEREAS, the Health Commission has taken its direction with the professional guidance of the Director of Public Health, Raymond J. Baxter, Ph.D., his Executive Staff, and the public testimony of the Health Commission hearings; and,

WHEREAS, the Health Commission understands not only that the cuts within this fifty-six million dollar cumulative reduction will have monumental repercussions in the areas of mental health, substance abuse, and primary care but also that significant reductions in services at San Francisco General Hospital and Laguna Honda Hospital will create severe hardships and extensive loss in State and Federal revenues, making the cuts not cost effective; and,

WHEREAS, beyond the service impacts, the Commission expresses its concern that the managerial and technical infrastructure of the Department is being undermined by these cuts, and the Department's ability to continue to serve its clients in a cost-effective manner in the changing health care environment is potentially being compromised; therefore, be it

RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to avoid the proposed cuts by increasing city revenues, negotiating a wage freeze with city employees, and exploring future methods of economically stabilizing the Department of Public Health through establishing the Department as an Enterprise; and the Health Commission offers its support in advocating for such measures among the business community, City employees, health providers, consumers of the Department's services, and the general public; and, be it,

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to rely on the expertise of the Department to preserve and carry out its mission; and be it

FURTHER RESOLVED, that the Health Commission finds that the proposed budget reductions offered by the Director of Public Health are the appropriate prioritization of reductions, should the General Fund support for the Department's services be reduced.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-93

RESOLUTION ON THE BUDGET REDUCTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 1993-94

WHEREAS, the City's efforts to balance its budget should equitably distribute the pain among all citizens and attempt to maintain an essential safety net for the most vulnerable segments of our population; and

WHEREAS, the San Francisco Health Commission has received the FY 1993-94 proposed reductions and reluctantly forwards this budget to the Mayor of the City and County of San Francisco; and,

WHEREAS, the Health Commission has taken its direction with the professional guidance of the Director of Public Health, Raymond J. Baxter, Ph.D., his Executive Staff, and the public testimony of the Health Commission hearings; and,

WHEREAS, the Health Commission understands not only that the cuts within this fifty-six million dollar cumulative reduction will have monumental repercussions in the areas of mental health, substance abuse, and primary care but also that significant reductions in services at San Francisco General Hospital and Laguna Honda Hospital will create severe hardships and extensive loss in State and Federal revenues, making the cuts not cost effective; and,

WHEREAS, beyond the service impacts, the Commission expresses its concern that the managerial and technical infrastructure of the Department is being undermined by these cuts, and the Department's ability to continue to serve its clients in a cost-effective manner in the changing health care environment is potentially being compromised; therefore, be it

RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to avoid the proposed cuts by increasing city revenues, negotiating a wage freeze with City employees, and exploring future methods of economically stabilizing the Department of Public Health through establishing the Department as an Enterprise; and the Health Commission offers its support in advocating for such measures among the business community, City employees, health providers, consumers of the Department's services, and the general public; and, be it,

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to rely on the expertise of the Department to preserve and carry out its mission; and be it

FURTHER RESOLVED, that the Health Commission, while affirming its confidence that the Department has developed alternatives that minimize the service impact of such a large General Fund cut, finds both the May 10th alternative and all previous alternatives, except Scenarios #1 and #4, developed by the Department, would dangerously imperil the health of large numbers of San Franciscans; and, be it,

FURTHER RESOLVED, that the Health Commission supports the prioritization of the proposed budget reductions offered by the Director of Public Health, should the General Fund support for the Department's services be reduced.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 11, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS

SAN FRANCISCO
HEALTH COMMISSION

May 18, 1993

The Agenda for this meeting is missing.

San Francisco Public Library
Government Information Center

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 18, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

JUN 1 1993

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 4, 1993

Commissioner Rosenstiel pointed out two typographical errors on page 3 of the minutes.

Action Taken: The Commission adopted the corrected minutes of May 4, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Three-month Progress Report on MOU with Regional Water Quality Control Board, Cal-EPA, Catellus, and CCSF for the regulatory oversight of the investigation and remediation of hazardous materials released at the Mission Bay Project.

(3.2) CPHS - Homeless Programs - Multiyear contract renewal exercising option year 2 with Bay View Hunters Point Foundation Mental Health Services, in the amount of $534,676/year, to provide outreach and case management services to the homeless, for the period of July 1, 1992 through June 30, 1993. (DPH Contracted with BVHP Foundation for services totaling $7,754,006 in FY 1991-92).

Commissioner Jackson inquired about the poor evaluation for this contractor. Fred Milligan expressed confidence for the contractor's ability, with the criteria for evaluation being changed from mental health to homeless programs.

(3.3) CPHS - Administration - Modification to the contract with Chronic Fatigue Immune Dysfunction Syndrome (CFIDS) Foundation, in the amount of $58,550, to provide additional information and referral services and to conduct an epidemiological study on the prevalence of CFIDS, for the period of Certification through January 31, 1994. (DPH Contracted with CFIDS Foundation for services totaling $40,000 in FY 1991-92).

(3.4) CPHS - Epidemiology and Disease Control - Modification to the contract with UCSF, Department of Infectious Disease, in the amount of $58,995, to provide for additional services of clinician HIV counseling intervention, for the period of September 30, 1992 through September 29, 1993. (DPH Contracted with UCSF for services totaling $7,422,404 exclusive of the affiliation agreement in FY 1991-92).

(3.5) CHS - AIDS - Request to accept and expend a new grant in the amount of $155,126 from the University of California at Berkeley, Office of the President, to fund the Tobacco-Related Disease in HIV-Infected Men Research Project for the term of July 1, 1993 through December 31, 1994.

Commissioner Ludington strongly expressed his non-support for this, indicating this research would be a waste of time and money. Commissioner Ludington voted no on this item. Commissioners Jackson and Paras voted yes on this item.

(3.6) CHS - AIDS - Renewal contract with UCSF AIDS Health Project, in the amount of $495,423, for the provision of anonymous HIV testing services (ATS) for the period July 1, 1992 through June 30, 1993. (DPH Contracted with UCSF for services totaling $7,422,404 exclusive of the affiliation agreement in FY 1991-92).

(3.7) CHS - Children - Family Mosaic - Approval of 23 prospective contractors to the Family Mosaic Project for the provision of services to mentally disturbed children enrolled in the Family Mosaic Project for the period June 1, 1993 through June 30, 1994.

Commissioner Paras inquired on the number of Asian/Pacific Islander providers. Abner Boles reported that not many Asian children are placed out-of-home but that dialogue with the Asian community has begun on reaching this population of high-risk children.

(3.8) SFGH - Finance - Renewal sole source and contract approval with Starcare International (SI), for a contingency fee of 25% of net recovered revenue, for the provision of consultant services to recover revenue through appeals and/or reopening of 1982 through 1987 Medicare and Medi-Cal claims for San Francisco General Hospital (SFGH), for the period April 19, 1993 through completion of the project. (DPH Contracted with Starcare International for services totaling $140,000 in FY 1991-92).

Commissioner Jackson, expressing his concern that business is very competitive and there might be another contractor who could do the same work for less than the 25% of net recovery, requested the Department to look at an open bid process.

(3.9) DMS - CMHS - Child and Family - Renewal contract with Regents of the University of California (UCSF), Langley Porter Psychiatric Hospital, in the amount of $299,004, to provide child, adolescent and adult inpatient, partial hospitalization and transitional services for the period July 1, 1992 through June 30, 1993.

(3.10) DMS - CMHS - AB75 - Request for approval of AB75 Capital Outlay Plan Revision for Community Mental Health Services.

Action Taken: The Commission approved items #3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, and 3.9.

Action Taken: The Commission approved item #3.10, with Commissioner Marton abstaining due to conflict-of-interest.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- New Realignment Proposal: Last week, the Legislative Analyst's Office (LAO) released a specific proposal to restructure the relationship between state and local governments. This proposal is an outgrowth of the earlier report by the Legislative Analyst's Office, "Making Government Make Sense" (MGMS) suggesting a major overhaul of the assignment of program responsibilities and revenues between the state and local governments to improve effectiveness and accountability of state government.

  The new report is a specific proposal which recognizes the fiscal realities and contributes to resolution of the 1993-94 state budget. Based on the opinion that the 1993-94 budget gap cannot be closed by cuts alone, the LAO recommends that this proposal be financed by the extension of the one-half cent sales tax due to expire June 30, 1993. This funding source is viewed as a "transitional mechanism" which the LAO suggests should be replaced in the long run by a shift of property taxes from schools to counties. It is estimated an extension of the sales tax in 1993-94 would generate $1.4 billion.

  Under the health and welfare component of the new realignment, counties would be given the state's funding and management responsibilities for alcohol and drug programs and counties would be required to pay 100 percent of the non-federal costs of various social services programs in recognition of the linkages that exist among these services. The LAO proposal would eliminate the existing master plan now used to allocate funds by the Department of Alcohol and Drug Programs and consolidate this state Department with the Department of Mental Health.

  This new "realignment" is being seriously considered in Sacramento. I will continue to update and keep the Commission informed on the development and impact of this proposal.

- Update on State Budget: Last week, the state Department of Finance revealed that the state budget gap is up by $2.5 billion, with the deficit now projected to total $10.5 billion. Many of the assumptions made in the Governor's January budget proposal have not developed and the Finance Department is expected to release revised projections for the state's 1993-94 fiscal year on May 21.

Both the Senate and the Assembly adopted a number of cuts to health care and other programs. However, the Senate Budget and Fiscal Review Subcommittee #3 on Health and Human Services took surprising and dramatic action to cut $1.7 billion to balance the budget. This cut assumed, among other things: a $7.5 billion overall deficit, receipt of $3 billion in new revenues to be found some place (SLIAG, property tax shift, sales tax extension, or other ideas as developed through the process); and distribution of the remaining deficit to all the subcommittees based on their current proportion of total General Fund money. Taking a "zero-based budget" approach, this committee funded only what it considered "base" programs, including most of the Medi-Cal program, state hospitals, AFDC, and a variety of DSS programs, but eliminated virtually every other state-funded health and social services program including alcohol and drug programs, AIDS services, CCS, family planning, CHDP, and all public health programs.

The full Assembly is expected to vote on two budget alternatives on May 20, and the Senate subcommittees are still meeting. The Assembly Ways and Means Committee voted two alternative budgets out of committee on May 12.

The first alternative includes the extension of the one-half cent temporary sales tax, set to expire on July 1 if not reauthorized. The alternative budget does not include the extension of the temporary sales tax. Neither of the Assembly budget alternatives reflect the increased projected state deficit. The Senate is expected to bring its budget proposal to the Senate floor during the week of May 24.

It is clear at this point that the budget will be decided in conference committee and at the legislative leadership level. I will keep you informed as the process moves along.

UPDATE ON DPH FY 1993-94 BUDGET

- Restructuring DPH-City Financial Relationship: I recently testified at the Board of Supervisors' Budget Committee in support of the recommendations of the Budget and Planning Subcommittee (chaired by Supervisor Shelley) of the Joint Task Force to Resolve the City's Fiscal Crisis (organized and chaired by Supervisor Migden).

  Our proposal is consistent with these recommendations, and the members present expressed support for our proposal. Mr. Jim Wunderman, the Mayor's Executive Director of Program and Fiscal Administration and I will co-chair a working committee to continue the planning process. The committee will include staff from the Mayor's Office, Chief Administrative Officer, Controller, Board of Supervisors, Board's Budget Analyst, and DPH.

- Beilenson Hearing: We are planning to schedule the DPH Beilenson Hearing before the full Board of Supervisors on June 21. Beilenson notices are scheduled to be posted for two weeks starting on June 7 at all DPH sites.

- Budget Hearing: The Board of Supervisors' budget hearing for the Department of Public Health before the joint committees of Budget and Government Efficiency and Labor is scheduled for Thursday, June 24, 1993.

- Layoff Notices: The Department is recommending August 1, 1993 as the target effective date for DPH layoffs that will result from the 1993-94 budget cuts. A DPH-wide layoff task force has been established to review and analyze layoffs and seniority rosters during the months of May and June.

The target date for mailing layoff notices is July 1, 1993 (30 days notice as required). Current information indicates that approximately 500 positions, both filled and vacant, may be deleted.

- SFGH Food Service Management: On May 9, 1993, the San Francisco Examiner included a story regarding the Food Services Department at SFGH that gave the erroneous impression that the management ratio in food services was 1 to 3. Mr. Richard Cordova has written to the Examiner to put the story in the correct context.

  The Food Services Department currently has a total of 93 individuals (including part time staff) and operates 2-1/2 shifts per day, seven days a week. Ten of the 93 staff are managers and first line supervisors, as defined by Civil Service. This nets a ratio of 1 to 8. The Examiner article incorrectly identified senior food service workers as supervisors/managers. The senior food service worker position provides a career path for high performing entry level staff and is not in charge of evaluating performance and other duties held by supervisors.

  In the proposed budget submitted to the Mayor, prior to the Examiner article, SFGH included management cuts that will increase the food services management ratio to 1 to 12.

  As Mr. Cordova points out, in 1985 the hospital almost lost its accreditation and all federal funding due to non-compliance with regulatory standards, including deficiencies involving the Food Service Department supervision. He correctly states that any curtailment of staff must be evaluated against the hospital's ability to meet accreditation standards.

- Employee Suggestion Program: As initiated by the Board of Supervisors, under the existing Administrative Code, City employees were recently asked to submit cost saving suggestions to help resolve the budget deficit Last Wednesday, DPH received suggestions submitted by our employees and must send the Department's response to these suggestions to the Board of Supervisors on Thursday of this week.

  I have asked Dr. Larry Meredith to convene a DPH Suggestion Committee, as required, to review and make recommendations on all DPH employee suggestions. An initial review indicates that many of the suggestions have already been incorporated into the budget forwarded to the Mayor.

UPDATE ON MANAGED CARE

- Implementation at Local Level: The Department continues to plan for managed care implementation at the local level. The full report to the Commission today is in preparation for a presentation to the Board of Supervisors and a "letter of intent" to the State, the first step in the implementation process. Among the items I will highlight today is the leadership group's agreement on the structure for an expanded planning process. Our intent is to expand the number of people and organizations involved in planning for managed care.

  A preliminary budget has been developed, and each of the organizations involved in the leadership group has committed funds for start-up. We are also exploring with the state and federal governments the feasibility of a national demonstration project which would allow us to implement managed care with a broad benefit package, to include both Medi-Cal and unsponsored in the plan, and to draw down additional federal funds for services.

SAN FRANCISCO GENERAL HOSPITAL

- Trauma Center News Article: The SFGH Trauma Center was profiled in last Sunday's Examiner for its success in saving lives and its nationwide recognition as the designated Level 1 Trauma Center for San Francisco. The story successfully demonstrated that the Trauma Center is part of a continuum of care, involving the Paramedic Divisions, the Emergency Department, Intensive Care, and Rehabilitation. The story highlighted the dedicated work of physician/surgeons, nurses, and ancillary staff.

  The story noted that with violent crimes on the rise, SFGH through the Trauma Foundation, has created the Pacific Center for Violence Prevention with a $1.35 million dollar grant from the California Wellness Foundation. The grant will enable the Trauma Foundation to launch pro-active, street level programs to prevent youth violence.

  The Trauma Foundation was selected to operate the Pacific Center because of its strong track record in developing statewide networks and educating policy makers. The Wellness Foundation's initial grant is part of a $24 million initiative in violence prevention nationwide.

- Emergency Room News Article: Last Friday, May 14, the Examiner did a front page story on the shortage of gurneys at SFGH. Prior to the article, SFGH was already in the process of purchasing 15 gurneys. The purchase of another 15 gurneys are on the high priority list for purchase in the next fiscal year. In the interim, 14 gurneys have recently been repaired and have been placed in the Emergency Department.

  The shortage of hospital gurneys is a symptom of the chronic underfunding and inflexibility of the current City system of equipment budgeting and acquisition. This reinforces the need for financial restructuring and a capital financing program, similar to the Prop D charter amendment we introduced last year and will pursue again this fall.

- Dr. Moses Grossman Retirement Dinner: On Saturday, May 15, Moses "Mish" Grossman, M.D., retiring Chief of Pediatrics, was honored for 42 years of service at a retirement dinner at the Pan Pacific Hotel. Among the 211 attendees, were 25 chief residents trained by Dr. Grossman during his long and dedicated career as teacher/physician at San Francisco General Hospital.

- Poison Control Center: I have sent a letter to each county which has not contributed its full "fair share" payment to the San Francisco Regional Poison Control Center, informing them that we are reducing service. This action has been approved by the state EMS Authority. As one component of the reduction plan, the San Francisco Bay Area Regional Poison Control Center is discontinuing dedicated 9-1-1 access for these counties as of May 22, 1993. Full fair share counties have been provided new customized 800 telephone access lines.

  9-1-1 services in the counties affected by the service reduction can still access the Poison Control Center's public toll-free lines. Once a full fair share commitment is made by the affected counties, or if alternative funds are provided by the state, access to the new customized service will be established.

  We have regretfully imposed this reduction due to the insufficient funding for the Regional Poison Control Center. The affected counties are: Contra Costa, Del Norte, Sonoma, Napa, and Mendocino.

- Power Outage: On May 5, a power outage occurred at the hospital at 12:05 p.m. for 41 minutes due to a possible PGE transformer problem. When commercial power was lost, the hospital's back up electrical system failed to respond to the large instantaneous service demand. The campus was left with a number of uninterrupted power supply units, with Uninterrupted Power Source (UPS) as its only source of power.

  Plant Services immediately initiated the emergency procedure to start up the diesel generator. While this outage caused inconvenience to staff and patients, there were no adverse patient outcomes. The hospital did not need to go on trauma diversion, however, it did go on emergency room diversion for one hour.

  The back up electrical system is tested weekly, and a test had taken place that morning with no problems. A circuitry survey is being done to isolate emergency circuits and investigate the cost of adding a diesel generator which is a much more reliable source for instantaneous power generation.

LAGUNA HONDA HOSPITAL

- State's Top 10 Nurses Award: Virginia Leishman, M.S., R.N., was selected by NURSEweek in its April 26th edition as one of the top 10 nurses in the State of California. Ms. Leishman was nominated by her staff, and among the reasons cited for her selection was her strong leadership in modernizing long term care at Laguna Honda Hospital. She was also cited for reducing the current nursing budget by nearly a million dollars while maintaining quality of care. At the same time, Ms. Leishman took on the additional administrative responsibilities of Activity Therapy and Volunteer Services. Ms. Leishman has been at LHH for the past 39 years and is a proven strong manager as well as an unstinting patient advocate.

- Human Resources Director: Ms. Carol Sam, formerly from the Recreation and Parks Department who was on temporary assignment to the Civil Service Commission, has been appointed to the position of Human Resources Director for Laguna Honda Hospital. Ms. Marsha Ramirez has transferred to a similar assignment at the Recreation and Parks Department.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office - Update on A.I.D.S.: The Department has decided to terminate A.I.D.S.'s Residence Program which supports their Representative Payee Program as of June 15, 1993. The Department will recommend that the Catalano Project assume representative payee services for A.I.D.S. clients as of June 16, 1993. There will be no break in services.

  The Controller's Office will perform a financial systems audit of A.I.D.S. within the next two or three weeks. Once the Controller's Office has completed its audit, the Department will give the Commission a full written report concerning all of the contracts held by A.I.D.S., along with its recommendations. The Catalano Project is an existing AIDS Office community based contractor with extensive experience in money management.

- AIDS Office - Update on Shanti Project: As reported in the May 4 update, the Shanti Project has now submitted a repayment plan for the approximately $311,000 in the FY 1991-92 housing contracts which was not spent on contractually approved expenses. The plan involves the Shanti Project seeking a settlement with their accountants and invoking their insurance. The final repayment will be negotiated between Shanti, the City Attorney, and the Controller's Office, with representation for the state and federal funders.

For FY 1992-93, Shanti has completed budget modifications for all of its contracts. Due to agency overbilling in the first half of the year, they will receive significantly less money from the city in the second half of the year. The agency has assured that services will not be affected.

The Department intends to work collaboratively with Shanti to move its existing housing contracts to another provider. The Shanti Board has already voted to work with the AIDS Office to accomplish a smooth transfer. We will bring a proposal to the Health Commission as soon as possible.

- Safety Awards Program: I have been informed that Cynthia Selmar and the Community & Home Injury Prevention Program for Seniors (CHIPPS) has won the "Community Innovative Safety Award" in the Safety Center's Statewide 1993 Safety Awards Program. Ms. Selmar will be honored at the annual awards banquet on June 17 in Sacramento.

BUREAU OF ENVIRONMENTAL HEALTH

- Annual Quarantine of Shellfish: The annual statewide quarantine of mussels began on May 1 and will continue through October 31 to protect the public from toxin causing paralytic shellfish poisoning (PSP). The Bureau of Environmental Health has posted signs in appropriate areas and will provide outreach to ethnic groups unfamiliar with the PSP problem.

EMERGENCY MEDICAL SERVICES (EMS) AGENCY

- Emergency Medical Services Week, May 24 - 28: Once a year, a week is set aside to recognize and honor the hard working professionals in the Emergency Medical Services field. All emergency care providers, especially in the prehospital setting, are commended for the excellent work and dedication provided to rendering medical care to the community.

  This year for EMS Week, personnel from the EMS Agency, Paramedic Division, and our Private Ambulance Providers will visit 5 elementary schools to educate first through third grade children about the correct use of 9-1-1 in emergencies and a tour of an ambulance. The theme for this year is, "We're Ready, Are You?"

- Special Presentation - Designated Receiving Hospitals: I am pleased to announce that a special presentation by the Emergency Medical Services (EMS) Agency will take place today immediately following this report. Commission President, Arthur Jackson will present Receiving Hospitals certificates to ten Designated Receiving Hospitals and one Designated Standby Receiving Hospital for compliance to the EMS Agency's RH Standards.

  The Emergency Medical Services Agency established minimum standards for all hospitals that receive ambulance patients in San Francisco. The RH Standards include hospital staff training, participation in EMS quality improvement programs, and proper use and knowledge of EMS Transfer, Diversion and Specialty Care Receiving policies. In the fall of 1992, the EMS Agency performed their first Receiving Hospital (RH) site survey to evaluate San Francisco's ten Designated Receiving Hospitals and one Designated Standby Receiving Hospital for compliance to the EMS Agency's RH Standards. All hospitals were given until April 1, 1993, to correct any deficiencies sited during the site survey. The EMS Agency is proud to announce that all RH's surveyed passed, with scores ranging from 89 to 107% compliance and a mean score of 96.8% compliance.

The ten Designated Receiving Hospitals are:

- California Pacific Medical Center, California Campus
- California Pacific Medical Center, Pacific Campus
- Davies Medical Center
- Kaiser Permanente Medical Center, San Francisco (Geary)
- Mount Zion of UCSF Medical Center
- St. Francis Memorial Hospital
- St. Luke's Hospital
- St. Mary's Hospital and Medical Center
- San Francisco General Hospital
- University of California at SF Medical Center

One Designated Standby Receiving Hospital is:

- Chinese Hospital

I would also like to announce a new EMS Specialty Care Receiving Hospital Designation in San Francisco called Emergency Department Approved for Pediatrics (EDAP). EDAP is a set of standards set forth to standardize the specialty health care needs of children. The SF EMS Agency adopted the EDAP Standards in March of 1992, as the minimum standard set forth for Receiving Hospital Specialty Care Designation as a pediatric ambulance receiving facility. EDAP Standards set out guidelines for staffing, personnel training, consultation, equipment and quality assurance for pediatric care within emergency departments.

The EDAP Standards are included in the site survey evaluation process. I am pleased to announce that seven San Francisco Receiving Hospitals applied for and meet EDAP Standards. Many of these hospitals have chosen to display an EDAP sign outside their emergency department. This sign is recognized throughout the State of California.

The seven EDAP hospitals are:

- California Pacific Medical Center, California Campus
- California Pacific Medical Center, Pacific Campus
- Kaiser Permanente Medical Center, San Francisco (Geary)
- Mount Zion of UCSF Medical Center
- St. Luke's Hospital
- San Francisco General Hospital
- University of California at SF Medical Center

APRIL STATISTICS

- AIDS Statistics (from 7/1/81 to 4/30/93)

Total San Francisco cases:	16,043
Total San Francisco deaths:	10,534
Total S.F. cases for December:	519*
Total S.F. deaths for December:	149

*Includes 432 cases meeting the new definition of AIDS.
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	297
Newborn Nursery:	16
Actual Patient Days (except newborns):	8,923
Newborn Nursery:	485
Admissions (except newborns):	1,506
Newborn Nursery:	137
Average Length of Stay (except newborns):	6
Newborn Nursery:	4
Discharge Patient Days (except newborns):	9,099
Newborn Nursery:	569
Discharges (except newborns):	1,493
Newborn Nursery:	141

Outpatient Visits

Primary Health	
Family Health:	3,114
General Medicine:	1,963
Pediatric:	2,836
OB/GYN:	2,948
Specialty Clinics:	10,672

Emergency Visits

Emergency Room:	6,632
Psychiatric Emergency Services:	343

- Laguna Honda Hospital

Average Daily Census:	1,132
Acute Services:	7
Clarendon Hall:	165
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	77
(20 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	2

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,293
Health Center #2:	416
Health Center #3:	761
Health Center #4:	1,015
Health Center #5:	947
Tom Waddell Clinic:	3,147
Potrero Hill Health Center:	600
Southeast Health Center:	943
Special Programs for Youth:	2,852
TOTAL VISITS:	11,974

Disease Control

TB Clinic:	1,986
City Clinic:	1,975

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	April			Year-to-date		
	1991	1992	1993	1991	1992	1993
AIDS*	173	145	457**	703	642	2387*
Campylobacteriosis*	37	47	44	206	210	190
Giardiasis*	39	42	30	111	111	93
Hepatitis A	15	44	23	79	175	78
Hepatitis B	3	3	7	23	31	23
Salmonella*	8	21	22	68	52	71
Shigella*	20	23	17	97	91	68
TB	24	39	24	102	130	119
Gonorrhea	260	213	254	1159	994	783
Syphilis	57	27	11	253	165	53

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

5) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

This item was postponed to the next meeting.

6) CONSIDERATION OF A RESOLUTION TO ENCOURAGE THE BOARD OF SUPERVISORS TO SEND A LETTER OF INTENT TO THE STATE DEPARTMENT OF HEALTH SERVICES TO FORM A MANAGED CARE LOCAL INITIATIVE

Dr. Baxter presented the following update:

1. On April 6, 1993, we presented a brief summary of the state Department of Health Services' Final Strategic Plan for the Transition of Medi-Cal to Managed Care. We noted that the Final Plan responded to several of our concerns with the state's Draft Strategic Plan, as stated in our testimony to the State in January 1993. These concerns included inadequate time for development and implementation; inadequate provisions for local resources to develop the plan; a failure to acknowledge the Medi-Cal program's link to care to the indigent population we serve; a forced choice between two limited options; and an inadequate assessment of the proposed "consortium" model.

   The Final State Plan addresses some of these concerns by providing for a longer period of time before implementation of a new system (two years); a two-plan model which allows for a locally developed managed care plan, called the "local initiative", which is required to include all safety net providers, and a non-governmentally operated plan, called the "mainstream plan"; and more flexibility in the development of a model for a local initiative. The Final Plan does not address the issue of inadequate resources to develop the plan, other than to say that local interests are encouraged to look to grants, cooperative financing, and other available funding sources.

2. We have continued to work with the local Leadership Group that formed in the Fall of 1992, made up of the traditional providers of care for Medi-Cal

beneficiaries: ourselves, the West Bay Hospital Conference, the San Francisco Medical Society, and the Community Clinic Consortium. It is the Leadership Group's assessment that we should advise the Department of Health Services of our interest in developing the local initiative plan for San Francisco (as required in the State Plan) for the following reasons:

- the development of a local initiative by the local safety net providers will ensure the survival of the local safety net;

- the Final State Plan allows for more flexibility, and for a more reasonable period of time in which to develop a sound system;

- the flexibility afforded in the Final Plan enables us to continue to pursue the option of becoming a Federal Demonstration Project area, through a 1115 Federal Waiver, which would provide us with Federal matching funds to implement a comprehensive managed care system;

- our local leadership group efforts, and our internal Department of Public Health managed care committees' efforts, have developed planning processes, assumptions, and structures, and this work would continue.

3. The State's Final Plan states that, in regions designated for expansion, the County Board of Supervisors has the first opportunity to initiate the development of a local initiative. Boards of Supervisors have until July 1, 1993, to advise the Department of their interest. Once such notice is given, the County will be responsible for creating a local initiative. The Board of Supervisors must demonstrate substantial support from traditional Medi-Cal providers and safety net providers. We have developed a resolution for your endorsement urging the Board of Supervisors to advise the Department of Health Services of the City and County of San Francisco's interest in developing a local initiative for a managed care system.

   Local stakeholders have two years to actually develop the managed care plan, during which time they are required to submit increasingly detailed versions of their design. After the July 1, 1993 deadline, the Board of Supervisors has until September 30, 1993 to send the State a formal Letter of Intent, reflecting a commitment to satisfy the contracting criteria outlined in the Plan. In order to prepare for this deadline of September 30, the local Leadership Group, and the Department of Public Health managed care committees, will be conducting assessments of our ability to comply with the State Plan requirements over the next three months.

Vice President Rosenstiel read a proposed resolution urging the Board of Supervisors to advise the state Department of Health Services of San Francisco's interest in developing a local initiative for a managed care system.

Dr. Baxter also presented for consideration a proposed governance structure (Attachment A) for a local initiative for a managed care system.

Action Taken: The Commission unanimously approved Resolution #13-93 (Attachment A).

President Jackson acknowledged the hard work and collaborative efforts of all parties involved.

7) UPDATE ON THE FY 1993-94 DPH BUDGET

This item was deleted.

8) PRESENTATION AND DISCUSSION OF THE HIV YOUTH REPORT

Dr. Mitch Katz, Director of the AIDS Office, gave the following overview of the report on "Youth and HIV Disease in San Francisco":

The San Francisco Department of Public Health released the results of a survey of 474 young men, 17 to 22 years of age, who were randomly sampled at 26 locations (including street sites, dance clubs, bars and parks) in San Francisco and Berkeley, Ca., during 1992 and 1993. The study found that 9.4% of young men who have sex with men were infected with HIV. Among young men living in San Francisco, the prevalence was 12.1%. Rates of infection were highest for young African American men who have sex with men (21.6%); followed by Latinos (9.5%); Native Americans (8.3%); whites (8.1%); and Asian Pacific Islanders (4.2%).

The survey also found that prevalence of unprotected anal intercourse remains high in this population. Thirtythree percent of these high-risk youth said that they had unprotected anal intercourse in the last six months. In addition, they study found that a significant proportion of young men who have sex with men report recent (11.8%) or lifetime (16.6%) injection drug use (IDU). Finally, the survey found that only 30% of HIV-infected men were aware of their infection and that those who were unaware of their infection were the least likely to return for HIV test results and counseling. Among those who were HIV-infected, only 22% reported that they were in HIV care.

While only 434 cumulative AIDS cases in San Francisco were among youth (3%), an additional 6,500 cases were among 26-30 years old (13%). Given a median incubation period of 10 years, almost all 26-30 year olds with AIDS were infected with HIV during their youth. Ninety percent of youth with AIDS are men having sex with men.

The Department projects that 880 youth 12 to 25 years of age are currently living with HIV infection in San Francisco, representing almost 1% of the City's youth. Young men having sex with men are estimated to comprise the majority of HIV infections among youth, representing 640 (73%) of the estimated 880 youth living with HIV. The remaining youth with HIV are estimated to include 60 (7%) youth who inject drugs, and 180 (20%) women and heterosexual men.

The Department estimates that only about 17% (n=150) of all HIV-infected youth are currently receiving medical care in the Department. While some of the remaining 83% of youth are receiving medical care at private clinics and doctors' offices, the majority of HIV-infected youth do not know that they are HIV infected or have chosen not to receive medical care. While HIV counseling and testing is available at eigth "youth specific" (youth tailored and youth friendly) sites, the Department plans to increase the number of youth specific sites and to outreach to youth to seek testing and medical care. Knowing their HIV status enables youth to make informed choices about their sexual and needle use behaviors and allows them to access needed medical treatment.

For those youth who are HIV-infected, the Department offers a number of programs including primary medical care, psychosocial support, housing, substance abuse treatment, and case management services. Special Programs for Youth (SPY), a Department of Public Health program with strong affiliations with several

community-based providers, including Larkin Street Youth Center, Youth Advocates, and Bay Area Youth Positives, currently provide comprehensive medical care to 65 HIV-infected youth. As more HIV-infected youth are identified through youth outreach and testing programs, the Department has recommended to the Commission to expand these health services as needed.

The survey of young men who have sex with men was conducted by a team from the Surveillance Branch of the Department's AIDS Office led by Dr. George Lemp, Daniel Givertz, Anne Hirozawa, and Giuliano Nieri, in collaboration with researchers from the Berkeley Department of Health and Human Services and the Division of HIV/AIDS, Centers for Disease Control.

Commissioner Kaufman raised the questions of how many of the youth are from Francisco or outside of the City, and how effective is the AIDS education in the public schools system.

Commissioner Marton inquired as to any efficacy results from prevention programs or how the Department would obtain these results.

Action Taken: The Commission unanimously approved Resolution #14-93 (Attachment B).

9) PUBLIC COMMENTS

Public Speakers in support of the Rape Treatment Center:

Azile Kelly Johnston
Jennifer Grant
Andrea Mendelson

The meeting was adjourned at 6:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-93

RESOLUTION URGING THE BOARD OF SUPERVISORS TO ADVISE THE DEPARTMENT OF HEALTH SERVICES OF THE CITY AND COUNTY OF SAN FRANCISCO'S INTEREST IN DEVELOPING A LOCAL INITIATIVE FOR A MANAGED CARE SYSTEM

WHEREAS, the State Department of Health Services is committed to the rapid expansion of managed care within the Medi-Cal program as a means of improving beneficiary access to quality preventive and primary health care services in a cost effective manner, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485; and,

WHEREAS, the State Department of Health Services released their Final Strategic Plan "The Department of Health Services' Plan for Expanding Medi-Cal Managed Care" on April 2, 1993, describing a "two-plan model" in each designated county, consisting of one mainstream (non-governmentally operated HMO) plan and one local initiative (either a health care consortium, a County organized health system "look-a-like", or an alternative form); and,

WHEREAS, San Francisco is designated in the State's plan as one of thirteen counties for managed care expansion, providing the County Board of Supervisors with the option of participating in the development of a local initiative, to begin operating by March 31, 1995; or, if the County Board of Supervisors elects not to participate, providing other interested parties the option to develop the local initiative; or, if there is insufficient interest in the county in creating an initiative, providing the State with the authority to contract with two HMO's; and,

WHEREAS, the State's plan requires that Boards of Supervisors in regions designated for expansion advise the Department of Health Services, by July 1, 1993, of their interest in developing a local initiative, and demonstrate substantial support from traditional Medi-Cal providers and safety net providers; and,

WHEREAS, in the Fall of 1992 the traditional providers of care for Medi-Cal beneficiaries and the uninsured in San Francisco took the initiative to form a local leadership group made up of the Department of Public Health, the West Bay Hospital Conference, the San Francisco Medical Society, and the San Francisco Community Clinic Consortium to guide our planning efforts, and committed to work collectively to identify an approach to managed care that would best meet the needs of San Franciscans; and,

WHEREAS, the Health Commission adopted Resolution No. 2-93 on February 16, 1993, endorsing the principles for the development of a managed care system in San Francisco; now, therefore, be it

RESOLVED, that the Health Commission urges the Board of Supervisors to advise the State Department of Health Services of the City and County of San Francisco's interest in developing a local initiative for a managed care system; and be it

FURTHER RESOLVED, that the Health Commission supports the proposed structure and the planning process as per attached, "Planning for Medi-Cal Managed Care in San Francisco."

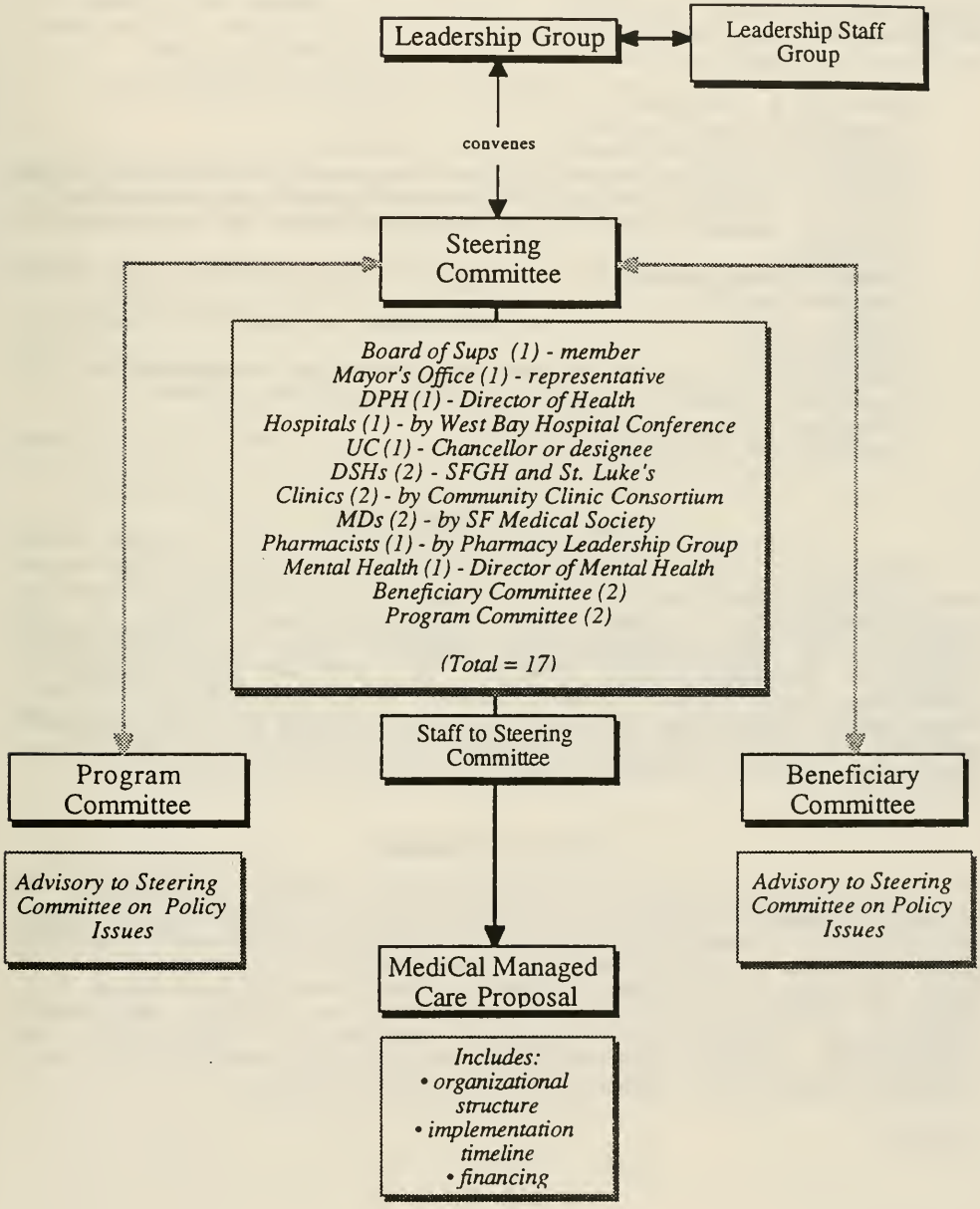
I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 18, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment

Planning for MediCal Managed Care in San Francisco


Leadership Group
Leadership Staff Group
convenes
Steering Committee
Board of Sups (1) - member
Mayor's Office (1) - representative
DPH (1) - Director of Health
Hospitals (1) - by West Bay Hospital Conference
UC (1) - Chancellor or designee
DSHs (2) - SFGH and St. Luke's
Clinics (2) - by Community Clinic Consortium
MDs (2) - by SF Medical Society
Pharmacists (1) - by Pharmacy Leadership Group
Mental Health (1) - Director of Mental Health
Beneficiary Committee (2)
Program Committee (2)
(Total = 17)
Staff to Steering Committee
Program Committee
Advisory to Steering Committee on Policy Issues
Beneficiary Committee
Advisory to Steering Committee on Policy Issues
MediCal Managed Care Proposal
Includes:
• organizational structure
• implementation timeline
• financing

The Steering Committee

The Steering Committee was established to guide the process of developing the local initiative in San Francisco as described in the state of California's plan for mandated managed care for Medi-Cal recipients. The Steering Committee represents traditional safety net providers and beneficiaries, all of whom have a stake in the successful implementation of the local initiative. To that end, the Steering Committee has the following responsibilities:

- -Develop a statement of mission, purpose, and new organizational by-laws
- -Supervise and evaluate a Project Manager
- -Create an organizational plan for a local managed care plan
- -Obtain adequate, effectively managed resources for planning
- -Develop appropriate policies and procedures for the planning process
- -Ensure compliance with local, state, and federal laws and regulations
- -Ensure continuity and responsiveness to input from advisory committees
- -Develop plan for transition from Steering Committee to Governing Board, including Board member selection
- -Oversee incorporation process
- -Assess its own performance.

Beneficiary Committee

The Beneficiary Committee, in an advisory capacity, provides the Steering Committee with the perspectives representative of the broad populations of Medi-Cal recipients to be served by the managed care plan. Through its representatives on the Steering Committee, the Beneficiary Committee will provide input on policy, procedure, operations, access, issues of linguistic and cultural competence, proximity, and information sources for the proposed managed care plan. The Committee will also assume appropriate responsibilities including education and public information.

Program Committee

The Program Committee, in an advisory capacity, provides the Steering Committee with the perspectives of the traditional safety net providers, ancillary health care professionals, and all other organizations concerned with the implementation of Medi-Cal managed care. Through its representatives on the Steering Committee, the Program Committee will provide input on policy, procedure, operations, contracting, quality assurance, utilization, and management information systems for the proposed managed care plan. Subcommittees may be formed to meet these charges.

5/14/93

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-93

RESOLUTION IN RESPONSE TO THE RESULTS OF THE HIV YOUTH REPORT

WHEREAS, there is a high prevalence of HIV infection among youth, especially among young men having sex with men, injection drug users, and female partners of men injecting drugs or of bisexual men; and,

WHEREAS, the available evidence suggests that the majority of HIV-infected youth do not know their current HIV status and/or know their status but are not receiving medical care; and,

WHEREAS, HIV infected youth need primary medical care, psychosocial support, peer counseling, housing, and substance abuse treatment; therefore, be it

RESOLVED, that the Health Commission supports increasing the proportion of prevention funding to youth and that this funding be allocated proportionally to the risk of HIV infection among youth; and, be it,

FURTHER RESOLVED, that the Department of Public Health increase the availability of HIV testing by focusing on youth specific testing; and, be it

FURTHER RESOLVED, that the Department of Public Health work with Mayor's HIV Planning (CARE) Council to assure adequate funding for services for HIV infected youth.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 18, 1993.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

June 1, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF MAY 11, 1993 AND REGULAR MEETING OF MAY 18, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Third quarter report for DPH FY 1992-93.

(3.2) CHS - AIDS - Renewal contract with the University of California San Francisco (UCSF) Urban Health Study, in the amount of $424,000, to provide HIV counseling and testing, as well as tuberculosis screening and testing services to out of treatment injection drug users, for the period January 1, 1993 through December 31, 1993. (DPH contracted with UCSF for services totaling $7,422,404 exclusive of the affiliation agreement in FY 1991-92).

(3.3) CHS - AIDS - Sole Source Request with Coming Home, in the amount of $13,522/year, for the provision of Money Management Services to persons with HIV Disease, for the period June 15, 1993 through April 30, 1996; and augmentation to the existing contract, in the amount of $13,522, to bring the total contract amount to $65,990, for the provision of Money Management Services to persons with HIV Disease for the period of May 1, 1993 through April 30, 1994. (DPH contracted with Coming Home for services totaling $84,834 in FY 1992-93).

(3.4) CHS - AIDS - Renewal contract with Bayview Hunter's Point Foundation (BVHP), in the amount of $116,750, to provide HIV/AIDS prevention outreach to IVDU's and substance abusers, for the period January 1, 1993 through December 31, 1994. (DPH contracted with BVHP for services totaling $7,754,006 in FY 1991-92).

(3.5) CHS - AIDS - Sole Source Request with Professional Management Development Corporation, in the amount of $2,666,667/year, for Decentralization and Management of the AIDS Drug Assistance Program, for the period May 1, 1993 through June 30, 1996; and contract renewal in the amount of $2,417,065, for the period of May 1, 1993 through June 30, 1994. (DPH contracted with Professional Management Development Corporation and its parent organization Ramsell Corporation for services totaling $2,318,291 in FY 1992-93).

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(3.7) SFGH - Substance Abuse - Request to approve a resolution in accordance with the provision of Charter Section 8.300 (Proposition J) concurring with Controller's certification that security guard services at San Francisco General Hospital Methadone Clinic, Ward 93, can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1993 through June 30, 1994.

(3.8) CHS - Fiscal - Modification of contract with Genisys Decision Corporation in the amount of $60,000 for modifications to a flexible budgeting/cost accounting computer software and related implementation services for the period of Eighteen Months from Controller Certification Date. (DPH contracted with Genisys Decision Corporation for services totaling $179,334 in FY 1992-93).

(3.9) CHS - Toxics - Two new contracts to provide asbestos building survey services for the period of One Year from Controller Certification of contract:

1. Clayton Environmental Consultants in an amount not to exceed $250.000.
2. H+GCL in and amount not to exceed $250,000.

(3.10) DMSF - Mental Health - Request to accept and expend a new grant in the amount of $945,343 from the U.S. Department of Housing Urban Development, Office of Planning and Community Development to implement the DMS Mobile Crisis Team for the homeless and those at risk of homelessness for the term of October 1, 1993 through September 30, 1994.

(3.11) Various - A continuing resolution pertaining to FY 1993-94 renewal contracts, giving authorization to extend the terms of the FY 1992-93 contracts listed on an interim month-to-month basis the 1992-93 or 1993-94 contract rates, whichever is lower; through December 31, 1993 or until the FY 1993-94 are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

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Audrey L. Smith Developmental Center, Inc.
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Medivan dba MV Transportation
California Pacific Mental Health Services
Catholic Charities of San Francisco

Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Harbor Hills Hospital
Instituto Familiar de la Raza
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
North of Market Senior Services
Oakes Children's Center
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at San Francisco General Hospital)
Regents of the University of California (Langley Porter Psychiatric Hospital)
Richmond Area Multi-Services, Inc.
Saint Francis Memorial Hospital
St. Mary Pharmacy Management Services
St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
San Francisco Drug Abuse Advisory Board (DAAB/CAAB)
San Francisco Mental Health Education Funds, Inc. (MHAB & CAAB)
San Francisco Suicide Prevention, Inc.
San Jose Care & Guidance Center
The County of San Mateo
Swords to Plowshares
Volunteer Center of San Francisco
Westside Community Mental Health Center, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
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Bay Area Addiction Research and Treatment, Inc.
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California Pacific Mental Health Services, Inc. (Operation Concern)
Center for Human Development, Inc.
Center for Juvenile and Criminal Justice, Inc.
Chemical Awareness & Treatment Services, Inc.
Eclectic Communication, Inc.
18th Street Services, Inc.
Forensic Health Care, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Horizons Unlimited of San Francisco, Inc.
Iris Center: Women's Counseling and Recovery Services, Inc.
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
National Council on Alcoholism and other Drug Addictions - Bay Area, Inc.

Morrisania West, Inc.
North of Market Senior Services, Inc.
Potrero Hill Neighborhood House, Inc.
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Pretrial Diversion Project, Inc.
San Francisco Suicide Prevention, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.

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Western Dental Services, Inc.
Chase Correctional Medical Division
Carolyn K. Harvey, D.P.M.
Compumed, Inc.
Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
MedCal Data Systems, Inc.

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Bayview Hunter's Point Foundation for Community Improvement, Inc. Critical Incident Response Team
Bayview Hunter's Point - Adult Day Health Center, Multipurpose Senior Center
Bayview Hunter's Point Mental Health Services - Case Management for Homeless Population
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California College of Podiatry
Catholic Charities - Case Management for Homeless
Central City Hospitality House
Chronic Fatigue Immune Dysfunction Syndrome Foundation
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UCSF-SFGH Physician Services for TB Control Unit
Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services

AIDS OFFICE - PREVENTION SERVICES

Bayview Hunter's Point Foundation/American Indian AIDS Institute
California Prostitutes Education Project
Central City Hospitality House
California Pacific Medical Center/Operation Concern
Community United Against Violence
18th Street Services
Gay Asian Pacific Alliance Community HIV Project
Glide Foundation
Hispanic Headquarters Association

Japanese Community Youth Council
National Task Force on AIDS Prevention
Planned Parenthood
Polaris Research and Development
San Francisco AIDS Foundation
San Francisco AIDS Foundation HIV Prevention Project
San Francisco Network Ministries/Tenderloin AIDS Resource Center
University of California San Francisco/AIDS Health Project

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Black Coalition on AIDS
Catholic Charities
California Pacific Medical Center/Visiting Nurses and Hospices of San Francisco
Coming Home
Mission Neighborhood Health Center
National Task Force on AIDS Prevention
Planned Parenthood
Project Open Hand
San Francisco AIDS Foundation
Shanti Project
University of California San Francisco/AIDS Health Project

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **PRESENTATION AND CONSIDERATION OF A RESOLUTION ON THE VIDEO DISPLAY TERMINALS ANNUAL REPORT**

6) **PRESENTATION OF PILIPINO HEALTH REPORT**

7) **CONSIDERATION OF AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
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Paul A. Rosenstiel
Vice President

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Commissioner

Margel F. Kaufman
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 1, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.

Absent: Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING ON MAY 11, 1993 AND THE REGULAR MEETING OF MAY 4, 1993

Action Taken: The Commission adopted the minutes of May 11, 1993 and May 18, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Third quarter report for DPH FY 1992-93.

This item was postponed to June 15, 1993

(3.2) CHS - AIDS - Renewal contract with the University of California San Francisco (UCSF) Urban Health Study, in the amount of $424,000, to provide HIV counseling and testing, as well as tuberculosis screening and testing services to out of treatment injection drug users, for the period January 1, 1993 through December 31, 1993. (DPH contracted with UCSF for services totaling $7,422,404 exclusive of the affiliation agreement in FY 1991-92).

Commissioner Ludington strongly encouraged all parties to collaborate within the Department and between Divisions.

(3.3) CHS - AIDS - Sole Source Request with Coming Home, in the amount of $13,522/year, for the provision of Money Management Services to persons with HIV Disease, for the period June 15, 1993 through April 30, 1996; and augmentation to the existing contract, in the amount of $13,522, to bring the total contract amount to $65,990, for the provision of Money Management Services to persons with HIV Disease for the period of May 1, 1993 through April 30, 1994. (DPH contracted with Coming Home for services totaling $84,834 in FY 1992-93).

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Commissioner Kaufman referred this contract to the Joint Conference Committee for Public Health, AIDS, and EMS because of the critical monitoring report.

(3.5) CHS - AIDS - Sole Source Request with Professional Management Development Corporation, in the amount of $2,666,667/year, for Decentralization and Management of the AIDS Drug Assistance Program, for the period May 1, 1993 through June 30, 1996; and contract renewal in the amount of $2,417,065, for the period of May 1, 1993 through June 30, 1994. (DPH contracted with Professional Management Development Corporation and its parent organization Ramsell Corporation for services totaling $2,318,291 in FY 1992-93).

Commissioner Ludington requested the information on the neighborhood pharmacies, along with the designated bilingual capabilities, to be publicized in the community.

(3.6) CHS - AIDS - Renewal contract with Health Outreach Team, in the amount of $128,095, for the provision of health care, case management and advocacy services to indigent persons with HIV, for the period of May 1, 1993 through April 30, 1994. (DPH contracted with Health Outreach Team for services totaling $122,579 in FY 1992-93).

Commissioner Kaufman referred the monitoring of this contractor to the Joint Conference Committee on Public Health, AIDS, and EMS. Commissioners encouraged the Department to require technical assistance from the Support Center to this contractor.

(3.7) SFGH - Substance Abuse - Request to approve a resolution in accordance with the provision of Charter Section 8.300 (Proposition J) concurring with Controller's certification that security guard services at San Francisco General Hospital Methadone Clinic, Ward 93, can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1993 through June 30, 1994.

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(3.11) Various - A continuing resolution pertaining to FY 1993-94 renewal contracts, giving authorization to extend the terms of the FY 1992-93 contracts listed on an interim month-to-month basis the 1992-93 or 1993-94 contract rates, whichever is lower; through December 31, 1993 or until the FY 1993-94 are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

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Project Open Hand
San Francisco AIDS Foundation
Shanti Project
University of California San Francisco/AIDS Health Project

Action Taken: The Commission approved items #3.2, #3.4, #3.5, #3.6, #3.7, #3.8, #3.9 and #3.10.

The Commission approved item #3.11, with Commissioner Marton abstaining on any contracts to California Pacific Medical Center. Commissioner Marton voted to approve all other contracts listed in the resolution.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

BUDGET UPDATE

- DPH FY 1993-94 Budget: Last week, the Department was asked for additional cuts to bring the General Fund contribution down to $100 million. The Department responded with $23 million, in addition to the previous cuts of $53 million, bringing the total General Fund reduction to $76 million in 1993-94.

  Over the weekend, the Mayor's Office concluded that DPH was still $10 million short of the $100 million General Fund target and increased DPH departmentwide DPH salary savings and contracts by another $10 million. In addition, salary savings for all city departments were increased by another 3%, in order to finally balance the budget. According to the Mayor's Office, this reduces the DPH General Fund by an additional $5 million, to $95 million. This increases the DPH cut to $81 million in General Funds.

  These latest cuts bring San Francisco about $20 million below our state maintenance of effort requirements. This could mean a loss of an additional $11 million in tobacco tax funds. This additional cut has not been detailed, nor has the impact of an additional $5 million in salary savings.

  Over the last six months, the Health Commission has approved a number of major policy changes for DPH: a new mission and vision statement, transition to managed care, and financial restructuring. The cumulative impact of this budget cripples our ability to fulfill these objectives.

  These new rounds of cuts will further reduce community health, mental health and substance abuse services. Last week, the following impacts were estimated: reduce 46,750 health center primary care encounters; eliminate 3,000, or half of the psychiatric emergency encounters provided this year; reduce an additional 2,000 adult mental health clients from our system, cutting the total adults served by 50%; and eliminate an additional 3,000 clients from substance abuse services.

  These cuts will certainly damage our capacity to be a competitive managed care provider. Also cut are additional administrative positions that correspond to these reductions.

  The level of cuts is so great that it is extremely difficult to estimate the overall impact on the system. This is because each cut affects other parts of our system, as well as non-DPH providers in ways that are difficult to measure.

In general, it is expected that there will be increased pressure on the emergency room at SFGH; additional demands on private health and mental health providers to provide services to uninsured poor people; and there will be increased demands on police, jails, and social services. Ultimately, we believe that health status in the community will decline as a result of the cuts DPH has had to make in 1993-94.

A detailed summary of the cuts by DPH Divisions is attached. (Attachment A).

Also attached is a Ten Year Perspective on City General Fund Expenditures for the Department of Public Health (Attachment B). This demonstrates that the Department is already spending less this year in local General Fund dollars, once health care inflation is taken into account, than it did in 1983, at the outset of the AIDS, TB, and crack epidemics.

- Update on Governor's "May Revise" Budget: While the details on exact allocations are not yet available, the Governor is now proposing a shift of property taxes to "equalize" property taxes among counties. This is generally taken to mean that counties, such as San Francisco, that have historically provided greater funding for health and welfare programs, and whose citizens have supported higher tax rates to support those programs, are now penalized for such efforts. San Francisco is by far the county most affected by such proposed "equalizations".

  It now appears the Governor proposes to eliminate some of the MediCal benefits, including adult dental care, but not the "medically needy" eligibility category. This reduces the estimated S.F. impact substantially, since the primary concern was with the $20 million or so generated through care to that eligibility group. However, the Governor's budget includes some, as yet undetailed items that may impact San Francisco, including reductions in SB 855 disproportionate provider payments, reductions in negotiated MediCal hospital rates, and inadequate funding of poison control centers.

- Status of 1993-94 Layoffs: The Department is still analyzing layoffs and seniority rosters, including the additional layoffs as a result of the latest round of cuts. DPH employees in citywide classes will receive lay-off notices effective July 1, 1993. Due to the anticipated magnitude of the layoffs, employees in DPH classes will receive notices with an effective date of August 1, 1993.

- SEIU Collective Bargaining Agreement: Negotiations between the City and SEIU Locals 250, 535 and 790 have been completed. The Union's last offer was accepted by the arbitration panel by a 2-1 vote and will now go to the Board of Supervisors' for the ratification and appeal process. The City will file dissenting arguments today and the Mayor intends to appeal the arbitration decision to the Board of Supervisors. The Union's offer, for an agreement of three years, contains many new provisions which will change greatly the way the City conducts its relations with its employees. Grievance arbitration is made available for most disciplinary matters.

  The Employee Relations Division is still reviewing legal issues concerning the decision and the effective date of the three year agreement.

The Board of Supervisors can reject the arbitration panel's decision by a vote of at least two-thirds, in which case the last best offer of the City will become binding. The Union's three year package is estimated to cost $140 million in the final two years, and the economic impacts of the proposed contract are as follows:

	Year 1 (93-94)	Year 2 (94-95)	Year 3 (95-96)	Total
Salary	0	2%	3-1/2%	5-1/2%
Retirement (1)	0	2-1/2%	3-1/2%	6%
Health (2)	0	$75/mo	$150/mo	$225/mo
Internal Adj (3)	0	$1.2 M	$.5 M	$1.7 M
Pay Equity (4)	$6 M	$3 M	$3 M	$6 M
Longevity Pay (5)	0	0	$.30/hr	$.30/hr

(1) Retirement: Employer "pick-up of employees" contribution.

(2) Health Plan: Employer-paid dependent care.

(3) Internal Adj.: Additional salary increases for several as yet undetermined classifications.

(4) Pay Equity: City is required to complete a new study and bring all relevant data up to date by July 1, 1994. Not to exceed $3 M/per year in 2nd and 3rd years. $6M in first year is contractual requirement from 1991 Wage Freeze MOU.

(5) Longevity Pay: $.30 per hr. after 10 years service.

There are other significant management issues and copies of the summary of the new "agreement" will be available in the Health Commission Office.

STATE LEGISLATION

- Needle Exchange Update: DPH continues to support and monitor two legislative bills designed to establish a clean needle and syringe exchange pilot project.

  - Assembly Bill 260 (Brown) passed the Assembly on May 20 and will be scheduled for hearing in the Senate Health and Human Services Committee.

  - Senate Bill 1048 (Watson) passed from the Senate Health and Human Services Committee on May 19 and has been re-referred to the Senate Committee on Appropriations.

Both bills have benefited from a recent study by the Yale University Medical School which reported a one-third decline in the HIV infection rate in eight months after sterile hypodermic syringes were distributed to drug users. Additionally, the U.S. General Accounting Office published a March 1993 report on Needle Exchange Programs stating that current research on these programs suggest promise as an AIDS prevention strategy.

SAN FRANCISCO GENERAL HOSPITAL

- Status Report on UC Affiliation Agreement: Finalization of the agreement has taken longer than originally planned, primarily due to the volume of work involved with the legal review and revision of a forty page document as well as the time necessary for review by all requisite individuals. It now appears the time estimated for the legal review to resolve the few outstanding issues was simply underestimated. The remaining issues are: (1) transfer of physician specialist to the U.C. payroll; (2) termination clause and term of agreement; (3) penalty for late payment; (4) square footage of exchange space (5) midyear reconciliation report; and (6) remedies to limit liability for damages for both parties. The final document is now expected by the end of June.

COMMUNITY HEALTH PROGRAMS

- Community Mental Health Forum: On Monday, May 24, the Department participated in a mental health forum which featured Mrs. Tipper Gore as a special guest. Mrs. Gore serves as the mental health advisor to the President's Health Care Reform Task Force. The forum was organized by a coalition of community health advocates, academicians, clinicians, and consumers.

  Mrs. Gore was presented with a summary of the forum's proceedings and various panel members as well as audience participants urged policies that would invest more mental health prevention strategies while maintaining other needed services for the mentally ill.

- Ethnic Food and Nutrition Festival: On May 14, the Department co-sponsored the Ethnic Food and Nutrition Festival at St. Mary's Cathedral. This all day conference featured cooking demonstrations and samples of lowcost, lowfat food from six different ethnic groups. Twenty booths featured nutrition exhibits. The event provided very practical instructions and information. The well attended event was coordinated by Ms. Catherine Wong, public health nutritionist at Health Center #4.

JAIL SERVICES

- Forensic Services Director: At the request of Sheriff Hennessey for the assignment of a full-time Director of Forensic Services, Dr. Larry Meredith recommended and I concurred in the appointment of Joe Goldenson, M.D. as the new Director, Forensic Services. In addition to his new expanded administrative duties, Dr. Goldenson will continue as Medical Director for Forensic Services. We are grateful to Dr. Goldenson for agreeing to take on additional new leadership duties.

MAY STATISTICS

All statistics for May will be reported in the June 15 Director's Report.

President Jackson announced that he has appointed Lee Ann Monfredini to represent the Commission on the Board of Supervisors' Task Force on the HIV Epidemic. A letter has been submitted to the Rules Committee of the Board.

5) PRESENTATION AND CONSIDERATION OF A RESOLUTION ON THE VIDEO DISPLAY TERMINALS ANNUAL REPORT, 1993

Julia Faucett, R.N., Ph.D., chairperson of the VDT Advisory Committee, highlighted the 1993 report, which included subcommittee reports on radiation and adverse pregnancy effects, vision effects, musculoskeletal effects, education and training, and legislative and regulatory activities.

Dr. Baxter reported there is no funding in the Department of Public Health budget for these recommendations.

Action Taken: The Commission approved Resolution #15-93 (Attachment C).

6) PRESENTATION OF PILIPINO HEALTH REPORT

Flo Stroud, Senior Deputy Director for Community Health Services, acknowledged and commended members of the Pilipino community for their work and organizing for the past two years, culminating with the 1993 Pilipino Health Assessment Report.

Rosaly Ferrer, Health Educator with San Francisco DPH Family Health Bureau, provided the history and collaborative efforts of the Pilipino community with DPH. She emphasized the input from the community to ensure the appropriateness of health services.

Amando Cablas, Ph.D., a member of the Pilipino Planning Committee, not only acknowledged the Department's fiscal crisis but also reiterated the community's acceptance of its responsibilities. The Department will work with the diverse communities to limit the negative impact of the budget cuts.

The Commission referred follow-up and implementation of the recommendations to the Joint Conference Committee on Public Health, AIDS, and EMS. The Commission received the 1993 Pilipino Health Assessment Report and commended the Pilipino community for its work in developing the report.

Public Speakers:

Roselyn Calangian, Pilipino AIDS Education Project
Rob Samonte-Tagalicod, Filipino Task Force on AIDS
Dr. Melen McBride, Pilipino Mental Health Resource Group

7) CONSIDERATION OF AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

This item was postponed to a future meeting.

Dr. Baxter presented the Department's response to the Mayor's Office request for additional reductions for FY 1993-94 (see Director's Report).

Action Taken: The Commission unanimously voted to add the Budget Update to the agenda for today.

Commissioners Ludington, Jackson and Kaufman discussed the negative impact of these severe cuts. Commissioner Castaneda expressed that everyone has to make sacrifices and the City cannot afford the services it used to be able to afford.

Action Taken: The Commission voted to send a letter to the Mayor expressing the Commissioners' concerns, the need to reinstate the health services, and the following three questions:

1) Whom is the Mayor going to tax?
2) What does the Mayor expect the City to do with the severe cuts taken by the Department?
3) What if a family member was in need of trauma services?

Aye: Commissioners Jackson, Kaufman, Ludington and Marton.
No: Commissioner Castaneda.

8) PUBLIC COMMENTS

Public Speaker: Albert D. Cunningham, A.I.D.S.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health

Raymond J. Baxter, Ph.D.
Director

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond J. Baxter, Ph.D.
Director of Public Health

Re: Response to the Mayor's Office request for additional reductions-- 1993-94 budget

Date: May 27, 1993

This responds to the Mayor's request last Monday for additional cuts that would bring our general fund contribution down to $100 million. This request comes on top of previous requests that totaled $53 million. With this new reduction, we will have taken $76 million of cuts in 1993-94.

After we identified these latest cuts on May 26, we subsequently discovered that they will bring us about $15 million below our state maintenance of effort requirements. This will mean that we will lose an additional $11 million in tobacco tax funds. We have not yet detailed the additional service cuts that would mean for the DPH.

Over the last six months, the Health Commission has approved a number of major policy changes for the DPH: a new mission and vision statement, transition to managed care, and financial restructuring. The cumulative impact of this budget cripples our ability to fulfill these objectives.

This new round of cuts will further reduce community health, mental health and substance abuse services. We will be reducing 46,750 health center primary care encounters. We will eliminate 3000, or half of the psychiatric emergency encounters we provide this year. We will reduce an additional 2000 adult mental health clients from our system, cutting the total adults served next year by 50 percent. We will eliminate an additional 3000 clients from substance abuse services. These cuts will certainly damage our capacity to be a competitive managed care provider. We will also cut additional administrative positions that correspond to these reductions. We detail these reductions below.

The overall level of cuts is so great now that it is extremely difficult to estimate the overall impact on the system. This is because each cut affects other parts of our system, as well as non-DPH providers in ways that are difficult to measure. In general, we expect that there will be increased pressure on the emergency room at SFGH, that there will be additional demands on private health and mental health providers to provide services to uninsured poor people, and that there will be increased demands on police, jails, and social services. Ultimately, we believe that health status in the

(415) 554-2600 101 Grove Street San Francisco, CA 94102

community will decline as a result of all of the cuts we have been asked to take in 93-94.

SAN FRANCISCO GENERAL HOSPITAL ($5.6 million)

- Reduce the psychiatric emergency room by 50 percent ($1.5 million). This will entail the reduction of 3000 encounters, or half of the encounters currently seen. We will attempt to divert non-5150 patients to private facilities, the SFGH medical emergency room, or to jail.

- Eliminate methadone detox program ($500,000). Results in 1,300 fewer outpatient admissions which includes about 665 referrals from SFGH inpatient and 275 HIV+ community residents.

- Reduce costs at Ward 86 ($500,000). The service impact has not yet been determined.

- Eliminate pharmaceuticals for indigent persons who are not DPH patients ($200,000)

- Cut supervision for the base hospital/911 communications ($200,000). Eliminates line supervision of CMED dispatchers. Will make it difficult to enforce quality standards and other policies and procedures.

- Reduce safety program in the emergency room ($100,000). Reduces scope of security and safety awareness program in the emergency room; may compromise the safety of patients, staff, and visitors.

- Reduce capital projects ($850,000). Will eliminate renovation projects for the patient information center, anesthesia/cardiology clinics, surgicenter, and the women's clinic.

- Eliminate managed care MIS system and start-up costs ($1,600,000). Jeopardizes DPH ability to operationalize a managed care system.

- Reduce ancillary services associated with primary care clinic closures ($525,000). Reducing four clinics will result in fewer support services such as radiology and clinical lab services.

LAGUNA HONDA HOSPITAL ($1 million)

With this reduction LHH is reducing the level of staff that will be treating the remaining 800 census, after the 300 bed reduction. This will result in the loss of 45 more patient care staff, will threaten the quality of patient care, and will increase the likelihood of citations from the state.

COMMUNITY HEALTH SERVICES ($5.2 million)

- Primary care ($2.3 million): Close four health centers for primary care services. Consolidate all remaining adult dental services at one health center and preserve public health nursing, thereby preserving SB 910 revenues. This will result in the loss of 46,750 encounters for primary care and perinatal services.

- Health education ($236,000): Health education at three health centers will be discontinued as part of the site closure. This will result in the loss of 9,333 health education encounters.

- HIV services ($1.2 million): in-home mental health counseling ($94,000), home health, attendant and hospice services by 20% ($254,000), food bank services and implement a co-payment for those services ($72,000), inpatient peer support counseling ($214,000), psycho-social and advocacy services ($149,000), media relations and prevention services ($338,000), evaluation services ($25,000).

- Administrative cuts ($280,000): These cuts are in addition to the administrative cuts taken in association with the closure of the four health center sites.

- Cut oversight and administrative support services for the department ($500,000)-- contracts, fiscal, planning, personnel, affirmative action, and the Emergency Medical Services Agency. Postpone computer equipment purchase to facilitate and streamline accounting and personnel functions. These cuts will result in department-wide delays in processing and implementing grant funded services, and will delay contracts and hiring personnel. The cuts will also delay cost report and billing activities which could delay receipt of revenues.

- Eliminate environmental health move and consolidation and eliminate computer and equipment purchases ($395,000)

- Eliminate positions in hazardous materials program and the medical waste management program ($263,000)

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ($9.5 million)

These cuts will result in approximately 2000 fewer adult mental health patients and 3000 fewer substance abuse clients being served in 1993-94. These cuts, in addition to previous cuts taken, will eliminate services to half of our adult mental health clients, and one-third of our substance abuse clients. Specifically, these cuts will:

- Increase Medi-Cal revenues for administrative case management (SB 910) ($1.3 million)

- Reduce mental health and substance abuse administration, MIS, billing, and operating costs ($500,000)

- Reduce continuum of mental health services: homeless services, supportive housing, residential, skilled nursing, state hospital ($3.1 million)

- Eliminate all mental health adult day treatment ($880,000)

- Eliminate the Center for Special Problems ($1,550,000)

- Reduce a continuum of substance abuse services: residential, outpatient, homeless drop-in and transportation, detoxification, and crisis line ($2.1 million)

TEN YEAR PERSPECTIVE ON CITY GENERAL FUND EXPENDITURES
DEPARTMENT OF PUBLIC HEALTH

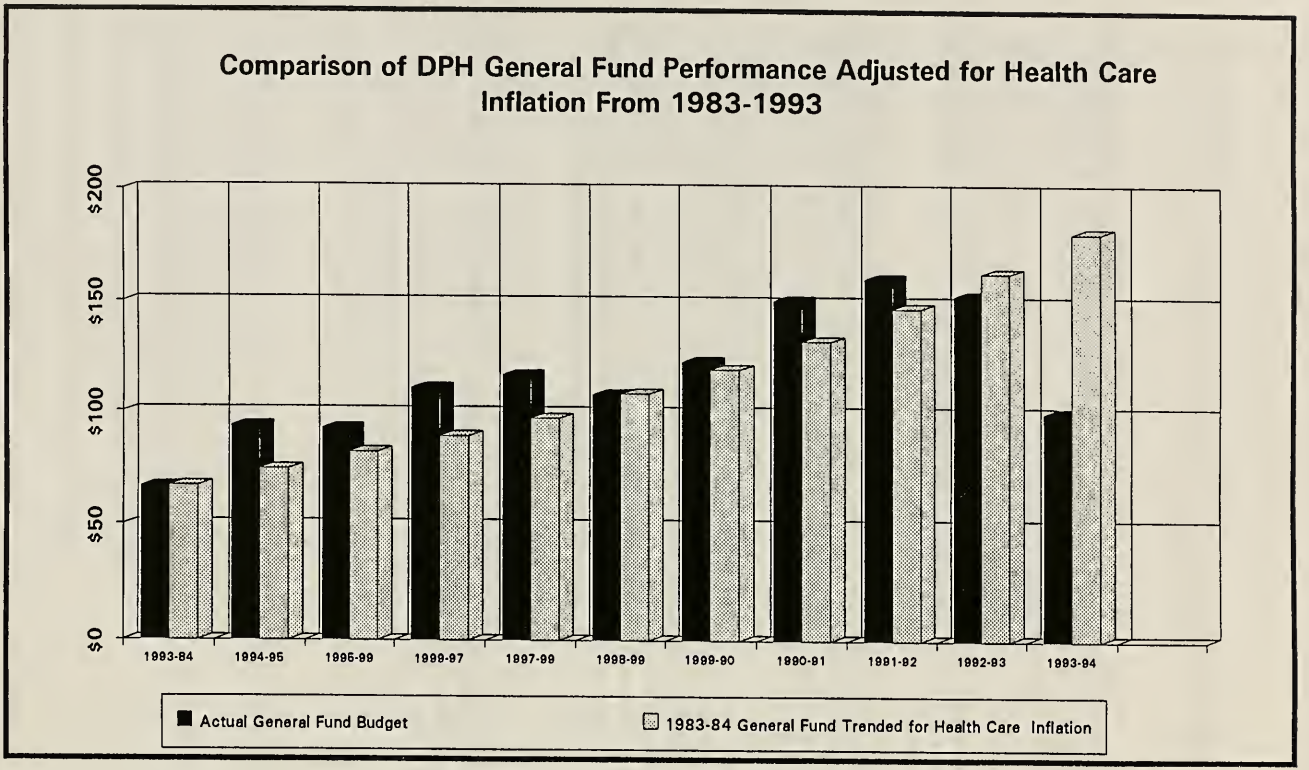
The attached charts provide a perspective on Department of Public Health general fund expenditures over the past ten years. Each chart shows expenditures in relation to inflation over the same period of time.

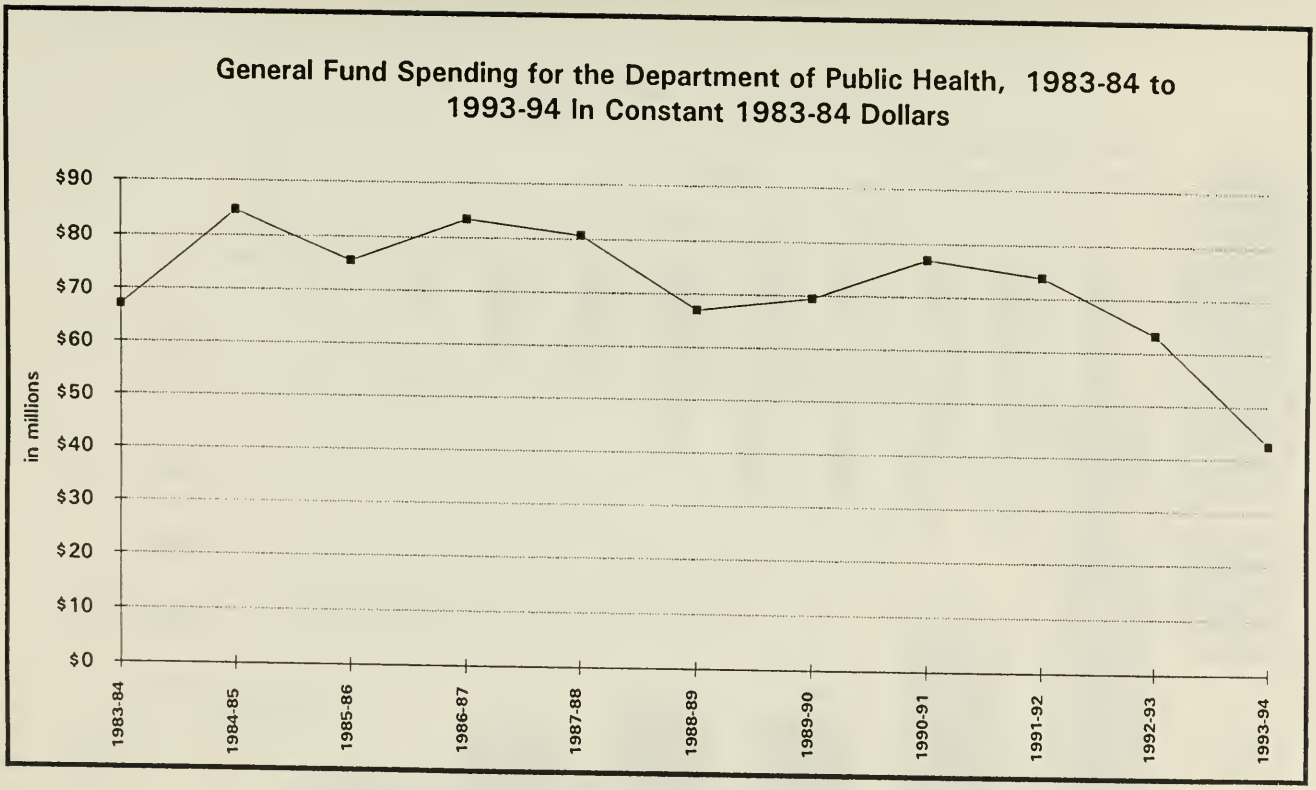
The first chart, entitled "Comparison of DPH General Fund Performance Adjusted for Health Care Inflation from 1983-1993," shows actual general fund expenditures in each year compared to what expenditures would have been if the DPH spent at the 1983-84 level only adjusted for health care inflation.

The second chart, entitled "General Fund Spending for the Department of Public Health, 1983-84 to 1993-94 in Constant 1983-84 dollars, shows general fund spending each year adjusted to 1983-84 dollars. It shows real general fund spending power relative to 1983-84.

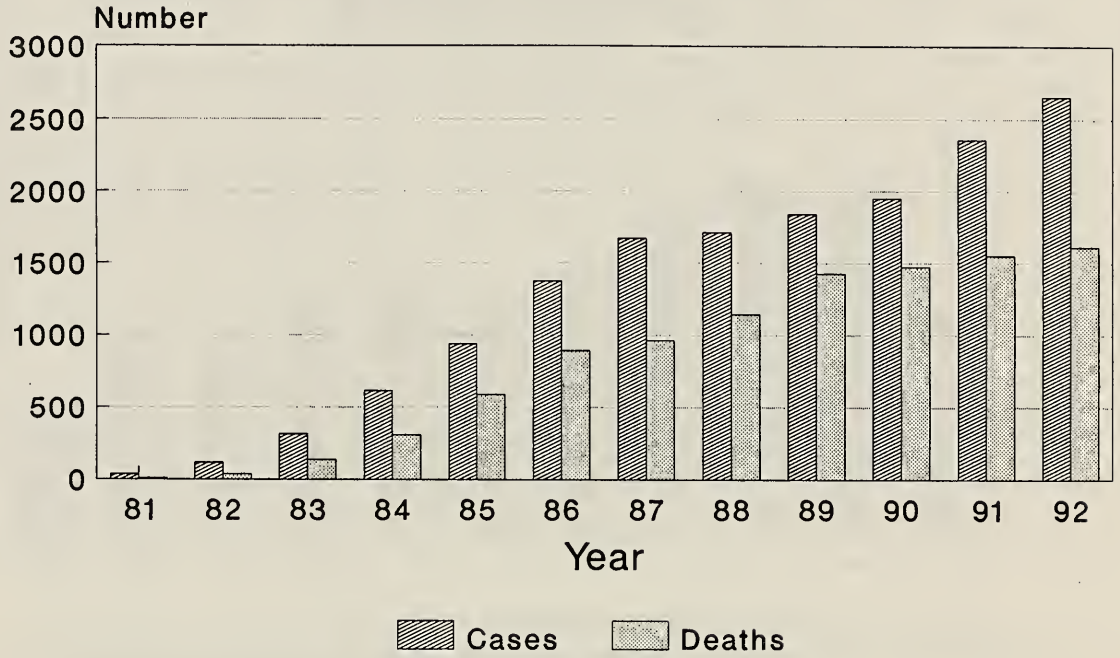
In a number of the years, real dollar health care spending went beyond the inflated 1983-84 figures. In the years 1984-85 through 1986-87, the City was beginning to respond to the HIV epidemic. In 1990-91, the City paid for double salary standardization because wages had been frozen the year before. In 1991-92, "realignment" of health programs from the state to the local level transferred $25 million of previously state revenues and expenditures to the local budget. 1992-93 and 1993-94 show the major cuts to general fund due to service cutbacks and revenue enhancement.

It is clear from these comparisons that the City is already spending less on health care this year, in real dollars, from the General Fund than it did in 1983-84, and that amount will drop dramatically next year.

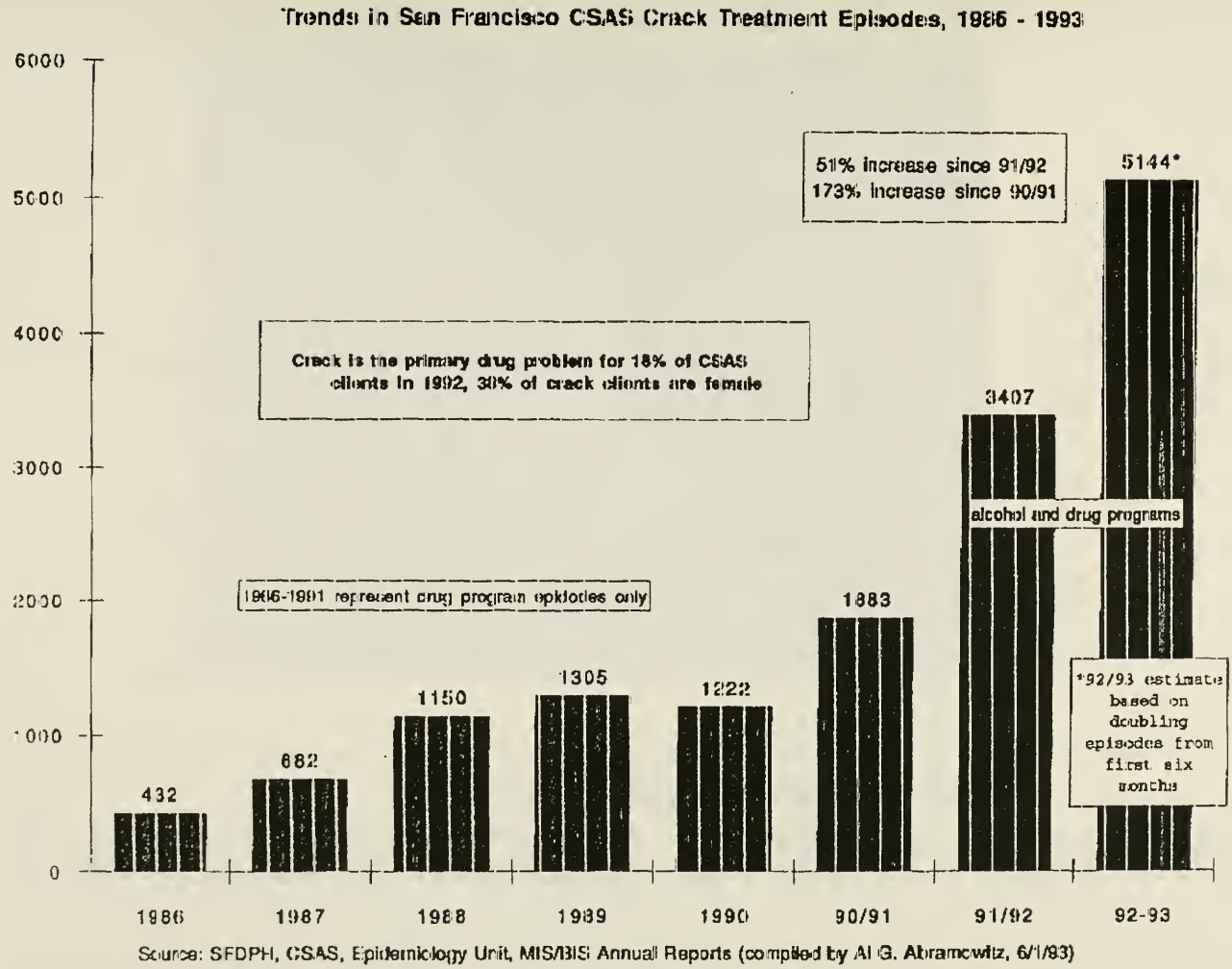

Comparison of DPH General Fund Performance Adjusted for Health Care Inflation From 1983-1993
$0
$50
$100
$150
$200
1983-84
1984-85
1985-86
1986-87
1987-88
1988-89
1989-90
1990-91
1991-92
1992-93
1993-94
Actual General Fund Budget
1983-84 General Fund Trended for Health Care Inflation


General Fund Spending for the Department of Public Health, 1983-84 to 1993-94 In Constant 1983-84 Dollars
in millions
$90
$80
$70
$60
$50
$40
$30
$20
$10
$0
1983-84
1984-85
1985-86
1986-87
1987-88
1988-89
1989-90
1990-91
1991-92
1992-93
1993-94

AIDS CASES AND DEATHS BY YEAR
SAN FRANCISCO, CA, 1981-1992

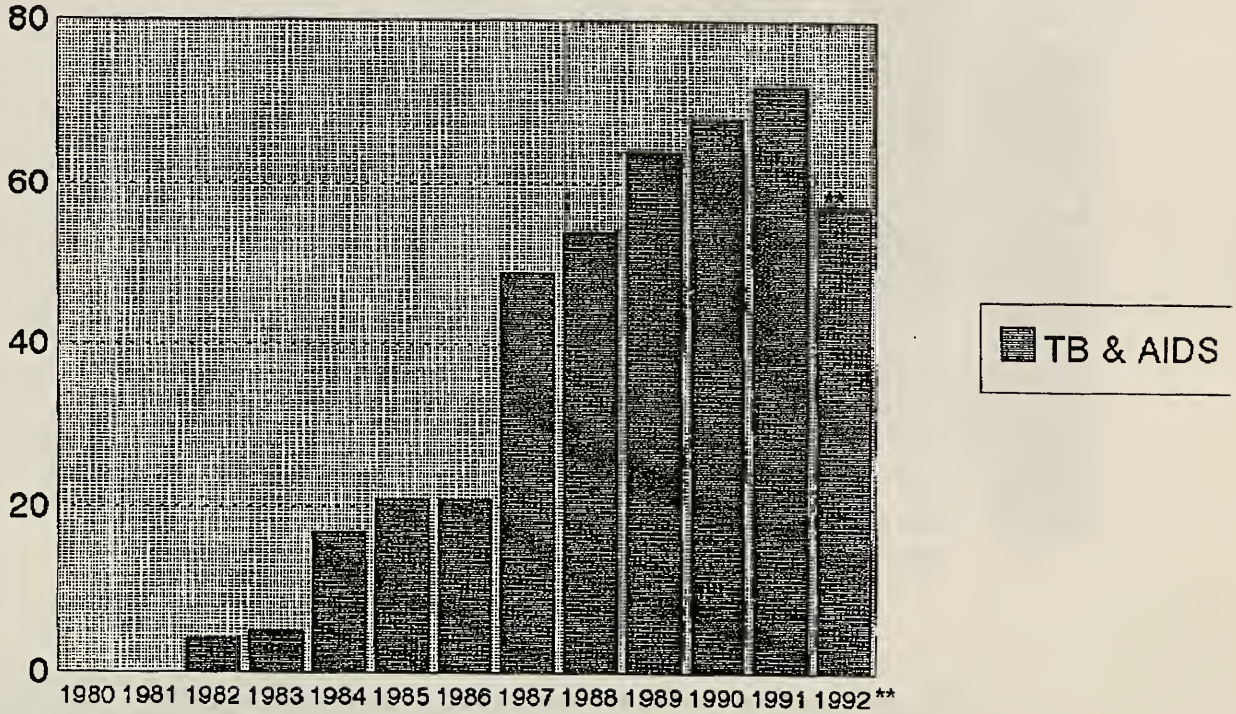


16,043 cumulative cases and 10,543
cumulative deaths reported as of 4/30/93


Trends in San Francisco CSAS Crack Treatment Episodes, 1986 - 1993
6000
5000
4000
3000
2000
1000
0
51% increase since 91/92
173% increase since 90/91
Crack is the primary drug problem for 18% of CSAS clients in 1992, 30% of crack clients are female
1986-1991 represent drug program episodes only
alcohol and drug programs
*92/93 estimate based on doubling episodes from first six months
432
682
1150
1305
1222
1883
3407
5144*
1986
1987
1988
1989
1990
90/91
91/92
92-93
Source: SFDPH, CSAS, Epidemiology Unit, MIS/BIS Annual Reports (compiled by Al G. Abramowitz, 6/1/93)

TUBERCULOSIS CASES WITH AIDS

SAN FRANCISCO 1980 TO 1992



** Note: Number of persons with TB and AIDS may increase as AIDS defining conditions are identified.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-93

SAN FRANCISCO VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE ANNUAL REPORT

WHEREAS, the Board of Supervisors adopted the San Francisco Video Display Terminal Ordinance No. 17-91 on December 1990; and,

WHEREAS, the Ordinance establishes the Video Display Terminal (VDT) Advisory Committee; and,

WHEREAS, the Ordinance requires the VDT Advisory Committee to submit an annual written report to the Board of Supervisors of its findings and recommendations on VDT worker health and safety issues; and,

WHEREAS, the VDT Advisory Committee has submitted its annual report to the Health Commission for its review, now, therefore, be it

RESOLVED, that the San Francisco Health Commission endorses the Video Display Terminal Worker Safety Ordinance Advisory Committee 1993 Annual Report.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 1, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
June 15, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
JUN 10 1993
SAN FRANCISCO
PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JUNE 1, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) Third Quarter Report for DPH FY 1992-93.

(3.2) CHS - AIDS - Sole Source Request with Coming Home, in the amount of $13,522/year, for the provision of Money Management Services to persons with HIV Disease, for the period June 15, 1993 through April 30, 1996; and augmentation to the existing contract, in the amount of $13,522, to bring the total contract amount to $65,990, for the provision of Money Management Services to persons with HIV Disease for the period of May 1, 1993 through April 30, 1994. (DPH contracted with Coming Home for services totaling $84,834 in FY 1992-93).

(3.3) DMS - CMHS - BAOS - Second modification to the contract with San Francisco Mental Health Education Funds (S.F.M.H.E.F.), Inc. in the amount of $41,489, for the purchase of equipment and supplies to facilitate the establishment of consumer self-help services for the period June 1, 1993 through June 30, 1993. (DPH Contracted with S.F.M.H.E.F. for services totaling $85,065 in FY 1991-92).

(3.4) DMS - CSAS - New contract with Morrisania West, Inc. in the amount of $153,006 to provide substance abuse day treatment services to youth for the period of May 1, 1993 through June 30, 1993.

(3.5) DMS - CSAS - New contract with Potrero Hill Neighborhood House, Inc. in the amount of $108,149 to provide substance abuse day treatment services to youth for the period of May 1, 1993 through June 30, 1993.

(3.6) SFGH - Health Information Services - Two contract modifications for the provision of back-up medical transcription services for the period of June 3, 1993 through December 31, 1993.

1. Bay Area Medical Transcription (BAMT) in the amount of $70,000.
2. California Medical Transcription (CMTI) in the amount of $15,000.

(DPH Contracted for services totaling $85,000 with BAMT and $30,000 with CMTI in FY 1991-92.)

(3.7) CHS - CPHS/Administration - Modification to the contract with Northeast Medical Services in the amount of $164,835, to provide breast and cervical cancer screening, diagnostic, and health education services from April 15, 1993 through July 15, 1994. (DPH Contracted with Northeast Medical Services for services totaling $104,161 in FY 1992-93).

(3.8) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $2,276,553 from the California Department of Health Services, Office of AIDS, to continue support for the five AIDS Program components under the Master Grant Agreement for the term of July 1, 1993 to June 30, 1994; and a sole source in the amount of $250,000 for the period of certification date through June 30, 1995 and contract approval in the amount of $125,000 for the period of certification through June 30, 1994 with the Black Coalition on AIDS to provide AIDS education and prevention services to the Afro-American community.

(3.9) CHS - AIDS - No Cost Modification to the contract with Black Coalition on AIDS to change the scope of work in providing temporary housing, assistance in obtaining permanent housing and accessing early intervention services, for the period of July 1, 1992 through June 30, 1993. (DPH Contracted with Black Coalition on AIDS for services totaling $261,369 in FY 1991-92).

(3.10) CHS - AIDS - Modification to seven contracts and nine programs with Shanti Project to reduce the overall total by $308,047 for the fiscal year 1992-93. The contracts are as follows:

1. Shanti House - reduced by $86,167 to provide permanent, independent-living low-cost housing for persons with disabling HIV/AIDS in conjunction with the coordination of psychosocial, case management, medical services, volunteer services and recreational activities, for the period of July 1, 1992 through June 30, 1993.

2. Family Subsidies - reduced by $43,848 to provide rental assistance and support services which include weekly contact with a resident advocate, coordination of case management services, short-term counseling and crisis intervention.

   Housing Network - reduced by $81,972 to provide access to a comprehensive referral system that links persons who have HIV with available housing alternatives throughout San Francisco, for the period of July 1, 1992 through June 30, 1993.

3. RAS - reduced by $4,408 to provide a congregate living five bedroom house and support services.

   Residence - no reduction but scope of work changed to reflect actual units of service for provision of housing in a variety of settings, for the period of July 1, 1992 through June 30, 1993.

4. Latino/Gay Youth - reduced by $23,425 to provide congregate living in two residences, one for Latinos and one for gay youth, for the period of May 1, 1992 through April 30, 1993.

5. Youth Subsidies - reduced by $32,808 to provide subsidies for rental assistance and support services which include case management and mental health consultation, for the period of October 1, 1992 through June 30, 1993.

6. Crossings - reduced by $15,005 to recruit and train volunteers to provide free emotional and practical support, client advocacy and counseling, and van services to people with disabling HIV/AIDS and their loved ones in the Tenderloin and Mission Districts, for the period of May 1, 1992 through June 30, 1993.

7. Volunteer Recruitment - reduced by $20,414 to recruit volunteers to serve indigent people with disabling HIV/AIDS as emotional and practical support volunteers, for the period of July 1, 1992 through June 30, 1993.

(DPH Contracted with Shanti Project for services totaling $2,211,674 in FY 1991-92).

(3.11) Consideration of the A.I.D.S. Audit Report and Recommendations.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1993-94

6) REPORT ON CANCER PREVALENCE

7) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St. is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

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HEALTH COMMISSION
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Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 15, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

Absent: Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 1, 1993

Action Taken: The Commission adopted the minutes of June 1, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Third Quarter Report for DPH FY 1992-93.

(3.2) This item was deferred to after #3.11.

(3.3) DMS - CMHS - BAOS - Second modification to the contract with San Francisco Mental Health Education Funds (S.F.M.H.E.F.), Inc. in the amount of $41,489, for the purchase of equipment and supplies to facilitate the establishment of consumer self-help services for the period June 1, 1993 through June 30, 1993. (DPH Contracted with S.F.M.H.E.F. for services totaling $85,065 in FY 1991-92).

(3.4) DMS - CSAS - New contract with Morrisania West, Inc. in the amount of $153,006 to provide substance abuse day treatment services to youth for the period of May 1, 1993 through June 30, 1993.

(3.5) DMS - CSAS - New contract with Potrero Hill Neighborhood House, Inc. in the amount of $108,149 to provide substance abuse day treatment services to youth for the period of May 1, 1993 through June 30, 1993.

(3.6) SFGH - Health Information Services - Two contract modifications for the provision of back-up medical transcription services for the period of June 8, 1993 through December 31, 1993.

1. Bay Area Medical Transcription (BAMT) in the amount of $70,000.
2. California Medical Transcription (CMTI) in the amount of $15,000.

(DPH Contracted for services totaling $85,000 with BAMT and $30,000 with CMTI in FY 1991-92.)

(3.7) CHS - CPHS/Administration - Modification to the contract with Northeast Medical Services in the amount of $164,835, to provide breast and cervical cancer screening, diagnostic, and health education services from April 15, 1993 through July 15, 1994. (DPH Contracted with Northeast Medical Services for services totaling $104,161 in FY 1992-93).

(3.8) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $2,276,553 from the California Department of Health Services, Office of AIDS, to continue support for the five AIDS Program components under the Master Grant Agreement for the term of July 1, 1993 to June 30, 1994; and a sole source in the amount of $250,000 for the period of certification date through June 30, 1995 and contract approval in the amount of $125,000 for the period of certification through June 30, 1994 with the Black Coalition on AIDS to provide AIDS education and prevention services to the Afro-American community.

(3.9) CHS - AIDS - No Cost Modification to the contract with Black Coalition on AIDS to change the scope of work in providing temporary housing, assistance in obtaining permanent housing and accessing early intervention services, for the period of July 1, 1992 through June 30, 1993. (DPH Contracted with Black Coalition on AIDS for services totaling $261,369 in FY 1991-92).

(3.10) CHS - AIDS - Modification to seven contracts and nine programs with Shanti Project to reduce the overall total by $308,047 for the fiscal year 1992-93. The contracts are as follows:

1. Shanti House - reduced by $86,167 to provide permanent, independent-living low-cost housing for persons with disabling HIV/AIDS in conjunction with the coordination of psychosocial, case management, medical services, volunteer services and recreational activities, for the period of July 1, 1992 through June 30, 1993.

2. Family Subsidies - reduced by $43,848 to provide rental assistance and support services which include weekly contact with a resident advocate, coordination of case management services, short-term counseling and crisis intervention.

   Housing Network - reduced by $81,972 to provide access to a comprehensive referral system that links persons who have HIV with

available housing alternatives throughout San Francisco, for the period of July 1, 1992 through June 30, 1993.

3. RAS - reduced by $4,408 to provide a congregate living five bedroom house and support services.

   Residence - no reduction but scope of work changed to reflect actual units of service for provision of housing in a variety of settings, for the period of July 1, 1992 through June 30, 1993.

4. Latino/Gay Youth - reduced by $23,425 to provide congregate living in two residences, one for Latinos and one for gay youth, for the period of May 1, 1992 through April 30, 1993.

5. Youth Subsidies - reduced by $32,808 to provide subsidies for rental assistance and support services which include case management and mental health consultation, for the period of October 1, 1992 through June 30, 1993.

6. Crossings - reduced by $15,005 to recruit and train volunteers to provide free emotional and practical support, client advocacy and counseling, and van services to people with disabling HIV/AIDS and their loved ones in the Tenderloin and Mission Districts, for the period of May 1, 1992 through June 30, 1993.

7. Volunteer Recruitment - reduced by $20,414 to recruit volunteers to serve indigent people with disabling HIV/AIDS as emotional and practical support volunteers, for the period of July 1, 1992 through June 30, 1993.

(DPH Contracted with Shanti Project for services totaling $2,211,674 in FY 1991-92).

The total Shanti contract for FY 1992-93 is $1,765,700. Commissioner Paras did not participate in any of the discussion of this item.

(3.11) Consideration of the A.I.D.S. Audit Report and Recommendations.

The Commission ratified the recommendation of the Department's AIDS Office of April 6, 1993 to defund the A.I.D.S. Residence Program contract, effective June 15, 1993 as a result of the development and implementation of a transition plan of clients to the Catalano Project.

The Commission will receive monthly reports on A.I.D.S.

(3.2) CHS - AIDS - Sole Source Request with Coming Home, in the amount of $13,522/year, for the provision of Money Management Services to persons with HIV Disease, for the period June 15, 1993 through April 30, 1996; and augmentation to the existing contract, in the amount of $13,522, to bring the total contract amount to $65,990, for the provision of Money Management Services to persons with HIV Disease for the period of May 1, 1993 through April 30, 1994. (DPH contracted with Coming Home for services totaling $84,834 in FY 1992-93).

Public Speakers: Andrew Farley, A.I.D.S.
Anne M. Welsh, A.I.D.S.

Action Taken: The Commission approved items #3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 and 3.11.

Action Taken: The Commission approved item #3.10, with Commissioner Paras abstaining.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

BUDGET UPDATE

- Update on DPH FY 1993-94 Budget: The Mayor is still considering possible restorations to the DPH budget. In the meantime, the Board's budget analyst is reviewing the budget in preparation for the Board's hearings. Later in this meeting today, I will provide you with a full report on the complete impact and chronology of the cuts we have taken in the 1993-94 budget. In summary, the expenditure cuts total $110 million, including an $88 million general fund cut, plus an additional $22 million loss in revenues associated with the cuts.

- Schedule for DPH Budget Hearings: The Board of Supervisors' Budget Committee will hold departmental hearings on the Annual Budget beginning June 22 through June 24. The daily hearings are scheduled to begin at 1:30 p.m. The Department of Public Health budget hearing is scheduled for Thursday, June 24. On Saturday, June 26, the Budget Committee will hold a public hearing on the Annual Budget from 10 a.m. to 2 p.m.

  The Board of Supervisors' Beilenson hearing on reductions in DPH health services will be held on Monday, June 28 at 4 p.m. in the Board's chambers.

  From June 29 through July 1 (or July 2 if needed), the Budget Committee will hold budget review meetings. The Annual Budget with Budget Committee recommendations will be presented to the Board of Supervisors on July 12 and the Board is scheduled to adopt the budget on July 19.

- Update on State Budget: The state budget conference committee has concluded its work on the budget bill, AB 2386, which will be voted on the Assembly floor today. There are still a number of very controversial items, and it is not clear whether or not the budget bill or a number of the related trailer bills will pass through the Legislature. Some of the more controversial parts of the budget as recommended by the conference committee include a $1.3 billion property tax shift, extension of the sales tax for a full year, a surcharge on 911 that would help fund emergency services, and AFDC and SSI grant decreases.

  The conference committee is also recommending mandate relief, including Proposition 99 maintenance of effort and mental health reporting. I will keep you updated as I get more details and as the process unfolds.

- Update on DPH Layoffs: As of this week, the personnel office reports that 314 filled positions have been eliminated in DPH, which will result in an estimated 223 layoffs. The department's personnel staff has begun the difficult process of determining internal reassignments, bumping and layoffs.

- Budget Briefings: At the request of the Mayor we have been providing briefings to business groups on the consequences of the DPH budget cuts and our proposal for restructuring our financial relationship with the

City. In the past two weeks, Commissioner Jackson and I met with the Chamber of Commerce, and I met with the JOBS Committee, both at the invitation of those organizations.

MANAGED CARE

- Citywide Planning for Managed Care: The Board Of Supervisors approved resolutions endorsing citywide Medi-Cal managed care planning for a "local initiative", as previously adopted by the Health Commission. The Board also endorsed the three-committee planning structure recommended by the leadership group, composed of DPH, the Hospital Council, Medical Society, and Community Clinic Consortium.

  The leadership group is the process of recruiting a project manager, the costs of which will be borne jointly by the leadership group. The expanded planning process will get underway as soon as the project manager is on board. In the meantime, each member of the leadership group is recommending three representatives to serve on the beneficiary committee.

  I will continue to report regularly to update the Commission on managed care planning.

IX INTERNATIONAL AIDS CONFERENCE

- SF Department of Public Health Presentations: Six DPH staff were approved to attend the International Conference on AIDS held last week in Berlin to present critical HIV research data and studies. Grant funds were the source of funding for five AIDS Office and one Special Programs for Youth staff to attend the conference.

  Among the San Francisco DPH AIDS Office presentations were the following reports:

  - "Healthy Long-Term Positives: Genetic Cofactors for Delayed HIV Disease Progression", a study of a unique subgroup of HIV-infected men who have healthy immune systems more than 10 years after infection, as measured by CD4 counts;

  - "Lesbian and Bisexual Women: Indications of high-risk behaviors with men", a survey which indicates lesbian and bisexual women in San Francisco are practicing high levels of unprotected sexual intercourse with men which puts them at risk for HIV transmission;

  - "Youth and HIV Disease in San Francisco", a report on the City's current epidemiology, prevention, and health care efforts regarding youth including recommendations for programs to address the needs of youth in San Francisco.

STATE LEGISLATION

- Proposed Smoking-Related Bills: San Francisco is closely tracking the progress of two smoking-related bills in the State Legislature. Both bills restrict the authority of municipalities from passing legislation to impose increased standards regarding public and workplace smoking. On June 1, the Board of Supervisors passed a resolution to oppose AB 996. The city is maintaining a "watch" position on AB 13.

  - Assembly Bill 13 (Friedman) focuses on the prohibition of smoking in an enclosed space in the workplace. AB 13 constitutes a uniform

statewide standard and would supersede any local ordinances regulating smoking in enclosed workplaces, as long as the 100% ban is in effect.

- Assembly Bill 996 (Tucker) enacts a uniform statewide standard on smoking restrictions. It does not supersede local ordinances in effect prior to 4/1/93 that are more restrictive than the provisions of the bill. However, future attempts by local government to further restrict smoking would be prohibited. The bill contains several restrictions on the sale, promotion and consumption of tobacco products, including restaurant and workplace provisions.

Both bills passed out of the Assembly on June 11 and have been sent to Senate Committees on Health and Human Services and Judiciary.

COMMISSION ON THE STATUS OF WOMEN

- "Women Who Make A Difference" Award: The Department of Public Health has nominated nine outstanding women employees for the "Women Who Make A Difference" Award to be presented on Women's Equality Day, August 26 at noon in the City Hall rotunda. The awards will honor five women in City government. The Department of Public Health nominees are:

Martha Ryan	-	Family Nurse Practitioner, S.E. Health Ctr.
Jan Murphy	-	Senior Management Assistant, CPHS
Sai-Ling Chan-Sew	-	Director, Chinatown Child Dev., MH
Sulvia Villarreal, MD	-	Physician, SFGH Pediatrics
Judith Flanagan	-	Director, Nurse-Midwifery Prog., SFGH
Catherine Wong	-	Public health nutritionist, H. Ctr. #4
Sue Cone	-	Sr. Ind. Hygienist, Toxics, Health & Safety
Virginia Leishman, RN	-	Director of Nursing, LHH
Mary Anne Johnson, MD	-	Assoc. Administrator, LHH

SAN FRANCISCO GENERAL HOSPITAL

- San Francisco's Uninsured Population: San Francisco General Hospital has embarked on the development of its strategic plan. An element of the plan is to identify the health care needs of all San Franciscans. One segment of the population currently under review is the working uninsured.

  It is estimated that 36.6 million Americans do not have health insurance. Most are poor, white, male, live in cities, and are workers and heads of families. Based on statewide studies on the uninsured, it is estimated that of the 150,000 San Francisco residents who are medically uninsured, 71% or 106,000 are employed at least some part of the year. Of these working uninsured people, most are between the age of 18 and 35 (51%), and married (55%). Most work for small firms with less than 100 employees (68%), and have annual incomes of under $20,000 (50%). The majority are involved in the retail trade (26%), business services (18%), construction (9%), and hotels/motels (8%).

  As part of its strategic planning, SFGH will be analyzing its role in the provision of health services to the uninsured, and the associated costs. We now plan to broaden the scope of this analysis to a DPH-wide review of our services and costs for the uninsured and underinsured. We will report to the Health Commission on this analysis as it progresses.

  Diversion: The EMS Agency's hospital diversion report for May indicates that SFGH's critical care diversion is at 3%, and total diversion is at 1%. In April, SFGH's critical care diversion dropped to its lowest level in 11 months and has remained low in May.

- S.F. Chronicle Article on Hospital Profits: On Friday, June 11, the San Francisco Chronicle's Business Section carried a lead article indicating that Bay Area hospitals are thriving. A chart from this article illustrated that SFGH realized a $10.9 million "pre-tax profit" during calendar year 1992.

  The state reports the article relied on are misleading in that they count the City's contributions to draw down SB 855 federal funds for disproportionate share hospitals as revenue to SFGH. The City's SB 855 transfer to the State for FY 1992-93 was $46.4 million which should have been deducted from the hospital's revenue accounts.

- Retirement Reception for Moses Grossman, M.D.: The SFGH hospital administration, UCSF Dean's Office at SFGH, and SFGH Department of Pediatrics is honoring Dr. Moses "Mish" Grossman, Chief of Pediatrics at a retirement reception in the Building 100 courtyard on Friday, June 18 from 2 to 5 p.m. A program at 3 p.m. will honor Dr. Grossman for 40 years of service to SFGH and the community. The Health Commission is invited to join his friends and colleagues in acknowledging Dr. Grossman's contributions to the health and well being of countless thousands of San Francisco's children and youth.

- Managed Care Information Systems Seminar: On Friday, June 18, SFGH will host a one-day Information Systems Managed Care planning session in conjunction with the California Association of Public Hospitals. Thirteen counties will be participating. Representatives from EDS (the California Medi-Cal Intermediary) and the Department of Health Services have been invited.

- Filipino Independence Week Celebration: The hospital's newly formed FIL-AM Committee has prepared a week of activities this week to celebrate Filipino Independence Day. The activities including a luncheon, crafts display, and cultural dancing are designed to share the wealth of Filipino history and culture with the hospital community.

LAGUNA HONDA HOSPITAL

- Annual State Licensing and Certification Survey: The annual State Department of Health Services licensing and certification survey began this morning at Laguna Honda. Sixteen surveyors will conduct the survey through June 28.

  This survey will determine the hospital's eligibility for participation in the Medi-Cal program through funds from the Healthcare Financing Administration and the State.

  Mr. Wagner will keep the Department informed of the progress and results of the survey.

- San Francisco Health Information Association: Cheryl B. Austin, Director of Laguna Honda Hospital's Health Information Services (formerly Medical Records) Department, has been elected president of the San Francisco Health Information Association (SFHIA). The local group, part of the statewide association, has 250 members from the nine Bay Area counties. SFHIA is to be congratulated for recognizing Ms. Austin's distinctive leadership skills that earned her a 1990 SPUR Public Managerial Efficiency Award.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/A.I.D.S.: The AIDS Office has completed its audit of the A.I.D.S. agency. The report along with the response of the agency was presented to the Ryan White Care Council on June 12, 1993. The report with departmental recommendations was presented at today's Health Commission Budget Committee meeting.

- AIDS OFFICE/Shanti Project: The Shanti Project complied with the AIDS Office request to perform a reconciliation of its non-housing contracts (psychosocial contracts) for FY 1991-92 by June 1, 1993. The reconcilation shows a discrepancy of $107,461 between the approved contracts and their actual expenses. However, the agency has identified an additional $521,857 of expenses that they believe are attributable to these contracts. The AIDS Office with the City Attorney will be negotiating a settlement for the discrepancies for FY 1991-92 contracts with Shanti as soon as the independent audit of the agency is complete. The settlement will include the $311,000 discrepancy for the housing contracts and the $107,461 for the non housing contracts.

  Modifications for all of Shanti's FY 1992-93 contracts were before the Health Commission's Budget Committee today. With these modifications, their actual expenses will equal the contracted amounts for this fiscal year.

  As I reported to you earlier, the Shanti Project Board of Directors voted to work with the AIDS Office to transition all their housing contracts to another agency or agencies. To accomplish this task in the most productive way possible, the AIDS Office has convened a set of community input meetings to look at the entire housing system for HIV-infected persons in San Francisco.

  From these meetings, the AIDS Office hopes to reach consensus on the goals of our housing programs, the best model to achieve these goals, and a plan for the orderly transition of Shanti's contracts. These plans will be brought to the Commission for approval as soon as they are ready.

- Epidemiology and Disease Control: There have been reports of illness and death in previously healthy individuals, most of whom has been from the Four Corners area of the Southwest. The CDC is currently calling the illness URDS, unidentified respiratory distress syndrome.

  San Francisco has had three cases of individuals who could have had this disease problem. All were non-residents cared for at UCSF. One patient, who survived, was a student at San Francisco State University. The investigation is not complete and it is not clear whether she had traveled outside the City prior to her illness.

  The CDC has tentatively identified the possible cause of this disease as a Hantavirus. The family of organisms is found in rodents. No restriction of travel to areas affected by this outbreak is considered necessary; however, activities that may disrupt rodent burrows or result in contact with rodents or aerosolization of rodent excreta should be avoided.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Collaborative Criminal Justice Treatment Proposals: Community Substance Abuse Services (CSAS) in cooperation with the Sheriff's Department, District Attorney's Office, Probation Department, Municipal and Superior

Court, and Public Defender, is developing a proposal for a criminal justice treatment system which targets diversionary and/or probation populations. The intent of these services is to address jail overcrowding by: (1) deferred prosecution where the District Attorney in cooperation with the criminal court delays prosecution of drug related cases while the defendant completes substance abuse treatment; (2) court referrals to treatment where a judicial authority defers sentencing while the defendant completes treatment or treatment is ordered as a condition of probation; and (3) pretrial releases, probationers or other supervised releases identified as suited for diversion from incarceration.

San Francisco is seeking funding from the Center on Substance Abuse Treatment (CSAT) in the amount of $600,000 a year for three years. To further support these services and demonstrate San Francisco's commitment to providing services to criminal justice populations, it is proposed that an additional $460,000 in San Francisco County jail fines augment the services proposed under the CSAT grant.

BUREAU OF ENVIRONMENTAL HEALTH

- Annual Mussel Quarantine: As part of the annual mussel quarantine, the Bureau of Environmental Health collects fresh mussel samples from the ocean for testing by the State Department of Health Services. One of the difficulties and risks associated with this sampling technique is that it can only be accomplished at low tide.

  To remove this encumbrance, the Bureau has formally established a series of sentinel bags at Fort Point pier located at the Presidio. This first-time arrangement was coordinated with the Army and the State Department of Health Services. In cases where there is an increase in Paralytic Shellfish Poisoning (PSP) activity, the Bureau will be able to sample immediately without waiting for low tidal conditions to gain access to natural mussel growing beds.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Electro Magnetic Fields: At the request of the S.F. Unified School District and PG&E, toxics staff will be participating at a July seminar to provide the School Board, School unions and PTA an overview of electro magnetic fields (EMF) issues. There is growing concern among parents, teachers and children about possible increase of childhood cancer.

MAY STATISTICS

- AIDS Statistics (from 7/1/81 to 5/31/93)

Total San Francisco cases:	16,461
Total San Francisco deaths:	10,664
Total S.F. cases for May:	432 *
Total S.F. deaths for May:	133

*Includes 392 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	285
Newborn Nursery:	17
Actual Patient Days (except newborns):	8,829
Newborn Nursery:	517
Admissions (except newborns):	1,447
Newborn Nursery:	147
Average Length of Stay (except newborns):	6
Newborn Nursery:	3
Discharge Patient Days (except newborns):	8,812
Newborn Nursery:	487
Discharges (except newborns):	1,442
Newborn Nursery:	145

SFGH - Outpatient Visits

Primary Health	
Family Health:	2,912
General Medicine:	1,940
Pediatric:	2,600
OB/GYN:	2,640
Specialty Clinics:	9,732

Emergency Visits

Emergency Room:	5,579
Psychiatric Emergency Services:	N/A

- Laguna Honda Hospital

Average Daily Census:	1,125
Acute Services:	9
Clarendon Hall:	164
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	78
(16 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,076
Health Center #2:	346
Health Center #3:	818
Health Center #4:	1,057
Health Center #5:	808
Tom Waddell Clinic:	3,114
Potrero Hill Health Center:	531
Southeast Health Center:	715
Special Programs for Youth:	2,907
TOTAL VISITS:	11,372

Disease Control

TB Clinic:	1,929
City Clinic:	1,900

- Bureau of Epidemiology and Disease Control Reportable Diseases

	4 Week Period Ending 5/29/93			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS*	148	167	425**	851	809	2812**
Campylobacteriosis	72	50	48	278	260	238
Giardiasis	25	16	20	136	127	113
Hepatitis A	17	20	16	96	195	94
Hepatitis B	10	5	5	33	36	28
Salmonella	14	10	12	82	62	83
Shigella	16	22	20	113	113	88
TB	37	33	30	139	163	149
Gonorrhea	239	189	184	1398	1183	967
Syphilis	47	15	11	300	180	64

*Resident cases only
**Includes cases meeting 1993 definition of AIDS

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, I approved the following appointments and reappointments of SFGH Medical Staff during February 1993:

Appointments to the Active Staff:	2
Reappointments to the Active Staff:	5
Appointments to the Courtesy Staff:	5
Reappointments to the Courtesy Staff:	10
Appointments to the Affiliated Staff:	1
Reappointments to the Affiliated Staff:	2

Details are available in the Commission Office.

President Jackson commended Dr. Baxter and his staff for their commitment to the health issues of the Department and the Commission. The integrity and commitment of Dr. Baxter is much appreciated by the Commission. Dr. Baxter acknowledged his staff Budget Director, Susan Ehrlich, and Paula Jesson, Deputy City Attorney.

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1993-94

Dr. Baxter presented a Budget Summary (Attachment A) of the Department's service reductions, revenue enhancements, and administrative and operating cuts for FY 1993-94. He pointed out that there are two areas in maintenance of efforts that can be jeopardized for revenues: about $11 million in tobacco tax funds, and about $45 million in Ryan White (CARE) funds.

Dr. Baxter announced that the Department has a document detailing the 1993-94 proposed budget reductions, including revenue proposals offsetting general fund, administrative and operating reductions, and service reductions.

Vice President Rosenstiel presented to the Commission a proposed letter to the Mayor and the Board of Supervisors.

Public Speaker: John Ehrlich

Commissioner Castaneda stated her disagreement on some assumptions in the letter, especially that taxes are low and that businesses should be responsible for paying taxes.

Commissioner Marton expressed his agreement with the majority of concepts in the letter.

Commissioner Paras stated the need for the Health Commission to make a statement of ethics in defense of the importance and significance of public health in this kind of city.

Commissioner Jackson emphasized the importance of the letter not to blame but to be a communication vehicle to City Hall in support of public health care in the City.

Public Speaker: Vera Haile, North of Market Senior Services

Dr. Baxter stated that there could be a revision to the Beilenson Report description of the elimination of the North of Market Homeless Geriatric Services.

Action Taken: The Commission approved (4 to 1) Vice President Rosenstiel's letter (Attachment B), to be sent to the Mayor and the Board of Supervisors.

Yes: Commissioners Jackson, Marton, Paras and Rosenstiel
No: Commissioner Castaneda.

Action Taken: The Commission approved (5 to 0) Resolution #18-93 (Attachment C), proposed by Commissioner Paras.

6) REPORT ON CANCER PREVALENCE

Dr. Baxter introduced Dr. Alvaro Garza, MPH, who presented the results of a report providing a descriptive analysis of the distribution patterns of cancer occurrence in San Francisco's residents between 1981-1990. See Executive Summary (Attachment D).

Dr. Baxter also acknowledged Dr. Garza's role in the lead poisoning program.

Commissioner Castaneda commended Dr. Garza for his recommendations to the Department on environmental cancer risks and cancer prevention initiatives.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

City and County of San Francisco

Department of Public Health

Raymond J. Baxter, Ph.D.
Director

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond Baxter, Ph.D.
Director of Public Health

Re: Department of Public of Health Budget Summary

Date: June 15, 1993

This report provides a summary of the Department's service reductions, revenue enhancements and administrative and operating cuts for fiscal year 1993-94. A detailed index of the Department's 1993-94 General Fund reduction proposals is attached.

OVERALL IMPACT OF THE CUTS

Overall, there has been a $110 million reduction in the Department's operating budget for next year. This includes an $88 million general fund cut plus a $22 million loss in revenues. This will result in extraordinarily painful cuts in all of our service areas. In framing this budget, the Department tried to maintain as much primary and preventive health, mental health, and substance abuse services as possible, but ultimately, this became almost impossible. There are literally hundreds of individual cuts, affecting every area of the department's services. These service areas include pre hospital emergency care, environmental health and toxics, epidemiology and disease control, public health nursing, the entire spectrum of mental health and substance abuse services, primary and specialty care outpatient services, including health education and nutrition services, acute inpatient services, and community based and institutional long term care.

More specifically, the major service reductions include: (1) closing 300 skilled nursing beds at Laguna Honda Hospital, (2) eliminating half of the outpatient services--including all of the primary care services--at San Francisco General Hospital, (3) closing four of the Department's community health centers for primary care services, (4) eliminating services to half of our adult mental health clients and one-third of our substance abuse clients and (5) reducing half of our psychiatric emergency room encounters.

In general, we anticipate that there will be increased pressure on emergency room services at SFGH due to decreases in primary care, additional demands on private health and mental health providers to provide services to uninsured poor people and that there will be increased demands on public safety, criminal justice and social services. Ultimately, we believe that the health status of the San Francisco community will decline as a result of all of the cuts we have been asked to take in fiscal year 1993-94.

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The cumulative impact of these successive budget cuts essentially prevents the Department from implementing its newly approved mission and vision statements. It will make our transition into managed care much more difficult, and it makes the restructuring of our financial relationship with the City essential. Failure to compete in managed care would threaten up to $120 million in DPH Medi-Cal revenues, which would also jeopardize our ability to provide other basic public health and mental health services. These budget cuts have also brought the Department approximately $17 million below its State maintenance of efforts requirement. This could eventually mean the loss of an additional $11 million in tobacco tax funds, a loss which has not been included in our totals so far. We are still analyzing our position with respect to our Ryan White CARE maintenance of effort requirement, but we believe we are now below our requirement, which could result in a loss of about $45 million in health care services for people who are HIV positive.

CHRONOLOGY OF THE CUTS

The 1993-94 budget process has been extraordinarily difficult for the Department. Over the last three years, the City and County of San Francisco has been faced with a declining economy and tremendous state budget cuts. As a result, the Department has had to reduce its reliance on the General Fund at the same time it faced unavoidable cost increases, including salary standardization and inflation and increased demand for services. In 1991-92 and 1992-93, the Department raised $71.3 million in new revenues, implemented $27.3 million in administrative and operating cost reductions and cut $9.6 million from its services.

The chart below summarizes the overall budget reductions. It shows that there has been a $110 million reduction in the Department's operating budget for next year. This level of reduction will make it exceeding difficult for the Department to provide quality health care services to the San Francisco community.

	93-94 Base	1st Cut	2nd Cut	3rd Cut	4th Cut	Diff.
Total Expenditures	655.6	636.8	599.2	563.4	545.6	(110)
Revs & Work Order	474.1	485.9	468.9	453.5	452.1	(22)
General Fund	181.5	150.9	130.3	109.9	93.5	(88)

These figures have been adjusted to exclude approximately $42 million in grant revenues and expenditures, that were previously provided but not included in the budget prior to 1993-94. The Mayor's Budget includes this amount although grant revenues and expenditures have traditionally not been included in either the Department's or the City's official budget. We excluded these revenues and expenditures to provide an accurate comparison with 1992-93.

For fiscal year 1993-94, the Department estimated that its budget would need to be $655.6 million (excluding salary standardization and grants) in order to provide the same health services to the San Francisco community that it provided in 1992-93. This would have represented a $28.7 million increase from 1992-93. In January 1993, pursuant to instructions from the Mayor's Office, the Department proposed General Fund reductions totaling nearly $30 million, in order to offset those increases. Of this

amount, $9.5 million was achieved with revenue enhancement, $12 million from administrative reductions and $8.4 million in difficult service reductions. To partially mitigate the impact of the service cuts, prepare for the demands of managed care and to improve integrated primary care, HIV services and mental health services, the Department cut deeper in order to propose some infrastructure investments and service enhancements. At that point, the Department's proposed 1993-94 budget was as follows:

Total Expenditures	$636.8 million
Revenues & Work Order	485.9 million
General Fund	150.9 million

In March 1993, the Mayor's Office requested that the Department prepare a "worst case scenario" for an additional $25 million general fund reduction. In preparing for this new directive, it became abundantly clear that the Department had exhausted its ability to increase revenues significantly and that further administrative or operating cost reductions would negatively affect the Department's ability to deliver services. Additional cuts would also make it difficult for the Department to implement a managed care delivery system in San Francisco as mandated by the State.

The Department presented the Mayor's Office with several options to address this "worst care scenario." The options were to: (1) defer salary increases for civil service employees and cost-of-living increases for contractors, (2) reduce services but try to preserve services to our most vulnerable populations, (3) reduce services, but preserve the Department's ability to participate in a managed care system and (4) restructure the financial relationship between the Department and the City and County of San Francisco.

A series of service reductions were agreed upon which attempted to preserve some services to the City's most vulnerable populations, preserve some primary care services and reduce expensive acute care and institutional services. However, these cuts involved a major downsizing of our entire health care service system and additional administrative and service reductions, including major inpatient cuts at San Francisco General Hospital and Laguna Honda Hospital. The Department proposed approximately $20.6 million in reductions -- $3.2 million in revenue enhancements, $632,000 in administrative and operating efficiencies and $16.8 million in service reductions. This brought the total amount of general fund reductions for 1993-94 to $50.5 million. It also reduced revenues by $20.2, along with the service reduction. It resulted in the following:

Total Expenditures	$599.2 million
Revenues & Work Order	468.9 million
General Fund	130.3 million

In the latter part of May 1993, the Mayor's Office asked the Department of Public Health to reduce its general fund allocation to $100 million for fiscal year 1993-94. The Mayor's Office proposed several cost savings measures such as the closure of all community health centers and the elimination of non-mandated services in mental health and community public health services. This request was in addition to the two

previous budget reduction requests which totaled $50.5 million. The request would cut an additional $30.3 million from the Department's budget for next year.

In response to the Mayor's request, the Department proposed administrative and operating reductions of $5.9 million and service reductions of $16.8 million. As a result of the new round of cuts, Department revenues which were tied to the general fund decreased $2.3 million, bringing total general fund reductions to $20.4 million. This budget reduction also reduced revenues by $13.1 million, as a result of the service reduction. At this point, the Department's proposed 1993-94 budget was as follows:

Total Expenditures	$563.4 million
Revenues & Work Order	453.5 million
General Fund	109.9 million

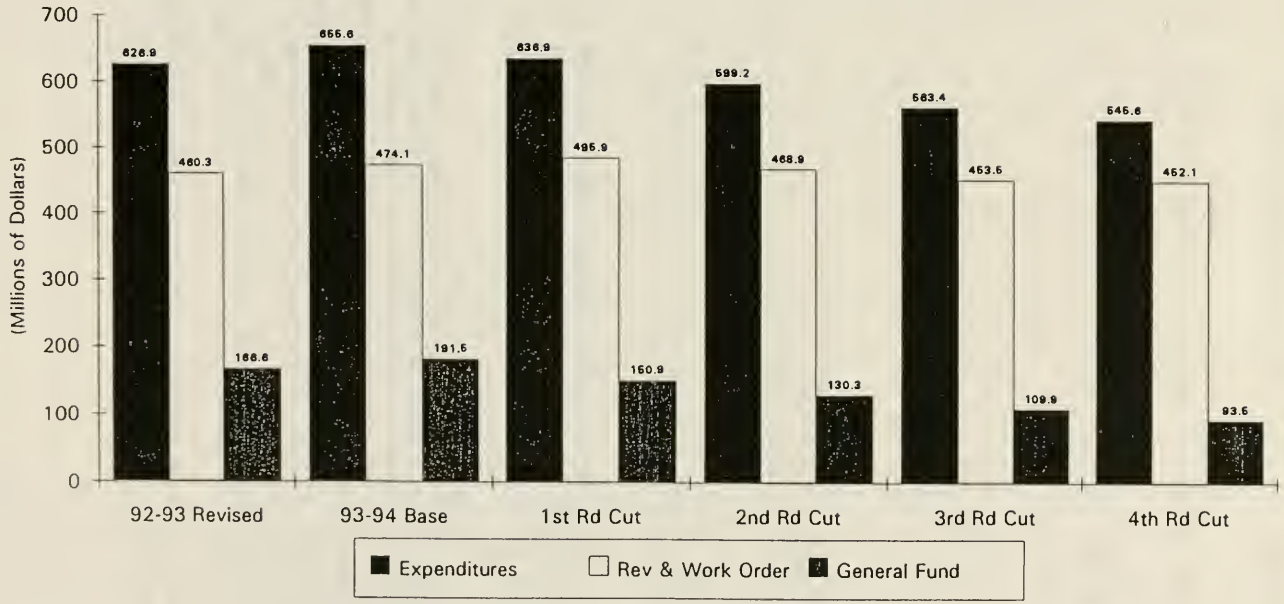
These cuts further reduced community health, mental health and substance abuse services.

Finally, in an attempt to balance its Citywide budget deficit, the Mayor's Office added salary savings and deleted various administrative and operating items during the final days before the budget was released. This series of budget reductions puts the Department's overall level of cuts at such a point that it is now extremely difficult to estimate the full impact of the health service cuts on the entire system. Currently, the Department will be faced with delivering health services with the following budget:

Total Expenditures	$545.6 million
Revenues & Work Order	452.1 million
General Fund	93.5 million

In real dollar terms, the City is spending far less on health services than it did ten years ago, prior to the AIDS epidemic. If general fund spending in 1983-84 had simply kept up with the rate of increase of medical care inflation, not counting for any increase in services, general fund spending would be almost $200 million, or twice what it is in the proposed 1993-94 budget.

DEPARTMENT OF PUBLIC HEALTH 1993-94 GENERAL FUND REDUCTION PROPOSALS



Arthur M. Jackson
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Vice President

Rebecca P. Castaneda, D.D.S.
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Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

June 16, 1993

Honorable Frank M. Jordan
Mayor

Honorable Angela Alioto, President, and
Members, Board of Supervisors
City and County of San Francisco
City Hall
San Francisco, CA 94102

Dear Mayor Jordan and Supervisors:

As we have stated several times in the last few months, the Health Commission is very concerned about the impact the proposed 1993-94 budget cuts will have on the Department of Public Health and the health of the citizens of San Francisco. We strongly advocate securing additional revenues to reinstate funding to needed health care services.

The proposed budget now in front of us disproportionately cuts the Department of Public Health. To continue this year's services into next year would cost the City's General Fund a total of $216 million more than this year, of which $30 million represents increases to the Health Department budget. The proposed budget, however, asks the Health Department to take a cut of $88 million. The projected budget reductions to other Departments (either through reduced services or increased fee revenues) stand at $95 million. Therefore, while the Department of Public Health accounted for only 11% of General Fund expenditures in the current fiscal year, it is being asked to take almost the same dollar cut as all other City Departments combined.

We believe this is an excessive cut for a number of reasons:

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- Adjusted for the cost of medical cost inflation, the Department is using less General Fund money in 1992-93 than it did in 1983-84.

- While we have always been proud to provide a humane level of care, the growth in health expenditures has been the result of severely worsening health problems, such as AIDS, substance abuse, urban violence and TB. That the Department has managed to attend to these problems so well as our population has increased and our inflation-adjusted General Fund support has dropped, should not be a justification for reduced funding. Instead, it would be an affirmation that the Department spends money prudently and effectively, and, therefore, represents one of the best buys the City makes with its General Fund monies.

- As the MFAC study pointed out, one reason that San Francisco must provide a higher level of services than other counties is the demographics of San Francisco. The demographic profile of people who use many of the services of the Department, and particularly its mental health services, matches the profile of people who live in cities rather than suburbs. As the ethnically heterogeneous urban center of the Bay Area, the types of people who require services come to San Francisco and will continue to come here regardless of the level of health services. Does anyone really believe that the people held at our Psychiatric Emergency Service under a 5150 actually have made a conscious decision to move to San Francisco because of our high level of public health services?

We believe that the Department of Public Health provides important services that benefit all of San Francisco. We also believe they are services that justify imposition of additional taxes. The majority of patients we see in our clinics and our hospitals who have no insurance or coverage through Medi-Cal or Medicare are the working poor. In fact, over 100,000 San Francisco residents hold jobs but do not have health insurance. Because they have jobs, they don't qualify for Medi-Cal or Medicare. But because their employers do not provide health insurance, many rely on the City's health system for care. And when they come to us, they are unable to pay for our services. These are the people whose care is paid for by the General Fund.

Most fundamentally, those who benefit from providing health care to the uninsured are the uninsured themselves. Unfortunately, they are unable to pay for their care. So, who else benefits? In our view, it is clear that the City benefits significantly from the services of our Department.

The health care provided to the 100,000 working uninsured and their families makes them productive workers who can focus on their jobs rather than the health problems of themselves or their families.

The tourist and retail industries of San Francisco benefit from our health care system's ability to keep the severely mentally ill off the streets and keep people healthy enough to be economically self-sufficient and avoid homelessness.

Except during our country's disastrous flirtation with supply side economics, the enlightened business community and mainstream economists have recognized that taxes, in and of themselves, are not bad for business. In economies with low taxes, thus resulting in inadequate social and physical infrastructure -- poor roads, poor power systems and an unhealthy and uneducated workforce -- business suffers. Social expenditures are essential to a healthy economy. And taxes that are spent wisely on important social investments yield benefits to business several times their cost.

So it is with health care in San Francisco. In the face of the severe social problems San Francisco and all large urban areas face in the 1990's, the cost-effective use of General Fund money by the Department of Public Health has been an important reason San Francisco has remained so economically competitive. While no one likes taxes, we think the community will ultimately find the alternative of severe health cuts a lot less acceptable.

As a result, we urge the Mayor and Board of Supervisors to use new revenues to restore programs in the Health Department. In addition, we support increased taxes, if necessary, to add back additional programs that will enable the Department to provide the level of services necessary to keep San Francisco healthy -- both physically and economically. While we regret any cuts to the Health Department budget, we strongly urge restoration of revenues sufficient to provide $150 million of General Fund support to the Department in 1993-94. This would still leave the Department with a $33 million cut, equal to almost $10 million more than if the Department's share of the General Fund shortfall were equal to its share of the total General Fund in the current fiscal year.

We thank you for your attention to this and offer any help we can provide as you wrestle with this most difficult problem.

Sincerely,

SAN FRANCISCO HEALTH COMMISSION

Arthur M. Jackson
President

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-93

RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH BUDGET CUTS FOR FY 1993/94

WHEREAS, the proposed budget cuts in health care would significantly impair the health and welfare of the citizens in the City and County of San Francisco; and,

WHEREAS, a number of efforts have been undertaken by the Office of the Mayor and the Board of Supervisors to secure additional revenues to reinstate critical elements of health care provisions currently projected for elimination in the current budget proposal; now, therefore, be it

RESOLVED, that the San Francisco Health Commission commends and supports the decision of the Mayor to allocate the projected $24 million which will be secured from Retirement Funds in FY 1993-94 to reinstate health services; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission calls upon the Board of Supervisors and the Mayor to establish a Fire Assessment District and to redirect all General Fund revenues freed up from the Fire Department budget to reinstate health services.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 15, 1993.

Sandy Duye Mori

Sandy Duye Mori
Executive Secretary to
the Health Commission

Executive Summary

Background. Cancer in San Francisco is a most important public health problem, but there are a lot of misperceptions about cancer occurrence. In response to general public concern about the occurrence and distribution of cancer in San Francisco, this analysis describes cancer incidence over time, by gender, age, race/ethnicity, and area of residence.

Findings. San Francisco data from the Greater Bay Area Cancer Registry covering a ten-year period were analyzed:

-A yearly average of 4,224 cancers were diagnosed in San Franciscans over the ten years, but the yearly number rose by 1000, from 3,650 cancers in 1981 to 4,638 in 1990.

-Most districts had relatively stable numbers of cancers over the years.

-The gender distribution of cancer cases was relatively balanced for most districts.

-Most districts showed the expected increase in numbers of cancer with advancing age.

-A very different pattern of distribution was seen most impressively in the Castro, and less so in a few other districts. The Castro had a doubling in yearly cancers over the ten years, and showed a gender ratio of 3 males to 1 female. There was an abnormal distribution by age with the age-group 35-44 years accounting for more cancers than other age-groups in the Castro, Buena Vista, and Central districts.

-The age-adjusted cancer incidence rates increased over the years, from 400/100,000/year to 491, due mostly to a yearly increase in incidence for the age-groups 25 to 44 years. The average San Francisco cancer incidence rate over the ten years was 449. On excluding the HIV/AIDS related cancers, Kaposi's Sarcoma and Non-Hodgkin's Lymphoma, the rates increased from 387 to 414 over the time period, in line with national trends.

-For 1990, the highest rate was in the Castro, the lowest in Chinatown; most other districts showed relatively comparable rates.

-Whites made up two-thirds of the cases, Asians 12%, Blacks 11%, and Hispanics 8%. The age-adjusted rates were highest in Whites (529), and lowest in Asian/Other (282).

Conclusions. Cancer incidence in San Francisco has increased over the years. Because the major forces in this elevation are young to middle-aged adults, and predominantly in the Castro District, this increase is mostly due to HIV/AIDS-related cancers such as Kaposi's Sarcoma and Non-Hodgkin's Lymphoma. This likely also explains most of the higher rate in Whites. Except for the Castro and Central districts which appear to have similar patterns and risks, the other districts appear to have relatively similar likelihoods of cancer. Although not designed to assess environmental risks, the results of this study

support prior Departmental work in finding no suggestion of environmental associations with cancer in San Francisco.

Recommendations. Departmental studies to attempt to determine environmental cancer risks in San Francisco are not warranted. However, a follow-up analysis by cancer diagnoses may help to confirm some of these conclusions and to determine if other cancers may be in excess. Future data can also be used to measure impact of prevention efforts. Wide-reaching and effective HIV prevention efforts will yield a considerable eventual reduction in several cancers. Similarly, effective prevention efforts on reduction of cigaret smoking and alcohol consumption, on dietary change, as well as early cancer detection and intervention, and vaccination against Hepatitis B, will result in reductions of cancers in San Francisco.

Besides the HIV/AIDS Program, and the Hepatitis B Immunization Program, both of which will prevent cancers, the Department is presently involved in some important cancer prevention initiatives which should be fully supported.

-The Tobacco Free Project aims to create a smoke-free San Francisco through comprehensive health promotion and education efforts to institutionalize interventions and policies at/through community networks, community environments, health care, worksites, and schools.

-The Bay Area Breast and Cervical Cancer Intervention Study (BACCIS) is designed to assess the impact of increased early detection and intervention through outreach to low-income minority women, "inreach" in the District Health Centers to providers and patients, and follow-up by oncologists at San Francisco General Hospital and by case managers from the health centers.

-The Breast and Cervical Cancer Control Program (BCCCP) has as its mission to increase early cancer detection through screening and follow-up services targeted to low-income, high risk, underserved, uninsured and minority women at the District Health Centers and some community health clinics. Program elements include screening and diagnosis, referral for medical treatment and follow-up, public education, professional training, quality assurance, and surveillance and monitoring.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Director of Public Health

Sandy Ouye Mori
Executive Secretary

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NOTICE

THERE WILL BE NO HEALTH COMMISSION MEETING ON JULY 6.

THE NEXT HEALTH COMMISSION MEETING WILL BE JULY 20, 1993.

THE AGENDA WILL BE MAILED AT A LATER DATE.

101 Grove Street

San Francisco, CA 94102

Arthur M. Jackson
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HEALTH COMMISSION

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NOTICE

SPECIAL MEETING
of
HEALTH COMMISSION

Tuesday, July 13, 1993
3:00 PM
at
101 Grove Street, Room 300
San Francisco, CA

1) CALL TO ORDER

2) Consideration of a supplemental appropriation from General Funds for 6 months restoration of Department of Public Health Programs (July 1, 1993 - December 31, 1993)

3) Consideration of a supplemental appropriation of about $2 million from Proposition J (Children's Amendment) Funds for Department of Public Health programs for FY '93 - '94.

Only these agenda items will be considered.

Disability Access:

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street Entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Helath will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, July 13, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:08 p.m.

Present: Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Paul A. Rosenstiel

2) CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION FROM GENERAL FUNDS FOR 6 MONTHS RESTORATION OF DEPARTMENT OF PUBLIC HEALTH PROGRAMS - (JULY 1- DECEMBER 31, 1993)

Raymond J. Baxter, Ph.D., Director of Public Health, presented a supplemental request (Attachment A) for critical health reinstatements.

Public Speaker: Robin Cooper, M.D., Mental Health Board

Action Taken: The Commission unanimously approved the supplemental request of $20,727,490 for critical health reinstatements.

3) **CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION OF ABOUT $2 MILLION FROM PROPOSITION J (CHILDREN'S AMENDMENT) FUNDS FOR DEPARTMENT OF PUBLIC HEALTH PROGRAMS FOR FY 1993-94**

Dr. Baxter presented a supplemental appropriation request for $2,052,387 for children's services (Attachment B).

Public Speakers: Patricia Jones, Family Service Agency
Edward Batista, Homeless Children's Network
Dan Kelly

Action Taken: The Commission unanimously approved the supplemental request for $2,052,387.

The meeting was adjourned at 3:40 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health
Director's Office

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond J. Baxter, Ph.D.
Director of Public Health

Date: July 13, 1993

Subject: Supplemental Appropriation Request
for Critical Health Reinstatements

The Health Department is urging the Health Commission to urge the Mayor to approve the attached Supplemental Appropriation Request for $20,727,490 ($9,684,056 from the general fund) This request will enable the DPH to utilize the $10 million reserve for health care service restorations set aside by the Board of Supervisors during the 1993-94 budget process. These funds, in conjunction with other projected Medi-cal revenue will allow the Department to restore critically needed health services slated for elimination in the 1993-94 budget. Services to be restored include: (1) 65,000 outpatient visits at San Francisco General Hospital and related support services, (2) 300 beds, Adult Day Health Care and Senior Nutrition Services at Laguna Honda Hospital; (3) the Center for Special Problems and other critically needed mental health and substance abuse services especially targeted to the severely mentally ill and homeless clients in the Division of Mental Health and Substance Abuse; and (4) Health Center 3, providing 14,000 encounters, dental, public health nursing, environmental health, toxic safety, and TB control services in the Division of Community Health Services. The table below details our specific request by division and the total for DPH:

Division	General Fund	Revenues	Total
Laguna Honda	$1,496,128	$8,386,737	$9,882,865
SFGH	$2,953,247	$2,393,750	$5,346,997
Mental Health/Substance Abuse	$3,843,226	$125,000	$3,968,226
Community Health Services	$1,391,455	$137,947	$1,529,402
TOTAL	**$9,684,056**	**$11,043,434**	**$20,727,490**

Attachment A
Page 1 of 1

City and County of San Francisco

Department of Public Health
Director's Office

InterOffice Memo

To: Honorable Arthur Jackson, President
Health Commissioners

From: Raymond L. Baxter, Ph.D.
Director of Public Health

Date: July 13, 1993

Subject: Supplemental Appropriation Request
for Children's Services

The Health Department is urging the Health Commission to urge the Mayor to approve the attached Supplemental Appropriation request for $2,052,387 which will reassign certain children's programs to the Mayor's Office of Children and Youth created by Proposition J for the fiscal year 1993-94. This transfer is consistent with the Board of Supervisors' Budget Committee recommendations and instructions provided to the DPH by the Mayor's budget staff.

During recent budget deliberations, the Budget Committee of the Board of Supervisors instructed the Health Department to meet with the City Attorney's Office, the Mayor's Budget Office, and the Controller's Office to identify programs within the DPH budget that legally qualify for new Proposition J Children's funding and to transfer these programs to the Mayor's Office of Children and Youth budget. Such a meeting was convened and the parties agreed that the programs identified in this Supplemental Appropriation request are legally transferable. Since then, the DPH was instructed by the Budget Committee and the Mayor's Budget Office to develop a Supplemental Appropriation request totaling $2,052,387.

These funds would be used to fund critical new youth serving programs, including HIV youth services, childhood lead poisoning program, homeless youth services and African-American and Latino specific substance abuse day treatment programs. The majority of these funds, $1.8 million, would be contracted out to community based non-profit organizations.

(415) 554-2600 101 Grove Street San Francisco, CA 9410

Arthur M. Jackson
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Paul A. Rosenstiel
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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AGENDA

HEALTH COMMISSION MEETING
July 20, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 15, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Request to approve retroactively a Surplus Transfer to fund anticipated shortfall in CCS diagnosis, treatment, and therapy expenditures.

(3.2) Consideration of approval to declare an emergency and to authorize immediate repairs to Laguna Honda Hospital "F" Wing in the amount of $282,500.

(3.3) Consideration of approval to participate in the citywide 800 megahertz communication system and to commit the necessary prorata share of Paramedic Division budget to funding.

(3.4) CHS - CPHS - Administration - Modification to the contract with Mission Neighborhood Health Center in the amount of $77,963 to provide breast and cervical cancer screening, diagnostic, and health education services from April 15, 1993 through July 15, 1994. (DPH contracted with Mission Neighborhood Health Center for services totaling $684,834 in FY 1992-93.)

(3.5) CHS - AIDS - Addendum to the San Francisco Demonstration County Alcohol and Drug Program Plan for Fiscal Year 1992-93.

(3.6) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $747,699 from the California Department of Health Services, Office of AIDS, to continue funding the Ryan White Comprehensive AIDS Resources (CARE Title II) Disaster Relief Grant Project, for the term of July 1, 1993 through June 30, 1994; and a sole source and contract approval in the amount of $73,330 for the period of July 26, 1993 through June 30, 1994 with the Support Center of San Francisco to provide one-time services for the development of a long range plan for the use of Ryan White CARE funds in San Francisco, in conjunction with the Mayor's HIV Health Services Planning Council. (DPH contracted with the Support Center for services totaling $151,910 in FY 1992-93.)

(3.7) CHS - Family Health/WIC - Request to accept and expend a continuation grant in the amount of $1,384,872 from the State Department of Health Services to provide special Supplemental Food Program for Women, Infants, and Children (WIC) services for the period of October 1, 1993 through September 30, 1994.

(3.8) CHS - Family Health - Request to apply, accept and expend a continuation grant in the amount of $706,188 from the Centers for Disease Control for community-level behavioral research and intervention project to prevent HIV infection in women and infants for the period of September 30, 1993 through September 29, 1994; and a modification of a sole source approval in the amount of $261,112 with UCSF to provide research and study design for the period of September 30, 1993 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,503,025 in FY 1992-93 exclusive of the Affiliation Agreement.)

(3.9) CHS - Special Programs for Youth - Request to accept and expend $148,143, as a subgrantee, a continuation grant from the Northern California Pediatric AIDS Treatment Center, prime grantee of funds from the National Institute of Health, National Institute of Allergy and Infectious Disease to provide clinical trials and health services to HIV infected youth for the period of September 1, 1993 through August 31, 1994.

(3.10) Toxics, Health and Safety Services - Hazardous Materials, LOP Program - Request to accept and expend an allocation in the amount of $450,000 from the State Water Resource Control Board (SWRCB) to provide oversight services at leaking underground storage tank (UST) sites in the City and County of San Francisco, for the term of July 1, 1993 to June 30, 1994.

(3.11) DMSF - Forensics - Renewal contract with Chase Correctional Medical Division in the amount of $189,648 to provide X-ray services for the period July 1, 1993 through June 30, 1994. (DPH contracted with Chase Correctional Medical Division for services totaling $77,960 in FY 1992-93.)

(3.12) DMS - CSAS - Modification to a multiyear contract with the Center on Juvenile and Criminal Justice in the amount of $50,396 per year to provide services for the period July 1, 1993 through June 30, 1995. (DPH contracted with Center on Juvenile and Criminal Justice for services totaling $121,075 in FY 1992-93.)

(3.13) DMS - CSAS - Modification to the contract with Horizons Unlimited of San Francisco, Inc. in the amount of $261,277, to provide for start-up of day treatment services for Hispanic youth for the period of May 1, 1993 through June 30, 1993. (DPH contracted with Horizons Unlimited for services totaling $733,103 in FY 1992-93.)

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4) **RECOGNITION OF DEPARTMENT OF PUBLIC HEALTH STAFF TO EMERGENCY RESPONSE AT 101 CALIFORNIA STREET**

5) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

6) **UPDATE ON FY 1993-94 BUDGET FOR DEPARTMENT OF PUBLIC HEALTH**

7) **CONSIDERATION OF AMENDMENTS TO THE SFGH MEDICAL STAFF BYLAWS**

8) **VIOLENCE AS A PUBLIC HEALTH ISSUE**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $5,000 FOR ELZBIETA MACHLOWSKI ET AL, V. CCSF, SUPERIOR COURT #937-406**

11) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"**

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 20, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 2:50 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

President Jackson announced that the Commission will change the Agenda and go into Executive Session (Item #11) first in Room #302.

11) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 15 AND THE SPECIAL MEETING OF JULY 6, 1993

Action Taken: The Commission adopted the minutes of June 15, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Request to approve retroactively a Surplus Transfer to fund anticipated shortfall in CCS diagnosis, treatment, and therapy expenditures.

(3.2) Consideration of approval to declare an emergency and to authorize immediate repairs to Laguna Honda Hospital "F" Wing in the amount of $282,500.

(3.3) Consideration of approval to participate in the citywide 800 megahertz communication system and to commit the necessary prorata share of Paramedic Division budget to funding.

(See Attachment A, Resolution #19-93).

(3.4) CHS - CPHS - Administration - Modification to the contract with Mission Neighborhood Health Center in the amount of $77,963 to provide breast and cervical cancer screening, diagnostic, and health education services from April 15, 1993 through July 15, 1994. (DPH contracted with Mission Neighborhood Health Center for services totaling $684,834 in FY 1992-93.)

Commissioner Kaufman requested the Program Manager of this program to answer the following questions:

1. Does this service address the significantly high incidence of cervical STD noted in the Latino population in the Department of Public Health's STD report? Is so, how? Does it meet the full need noted in the report?

2. What are the outreach efforts to reach the Latino target population to get breast and cervical screenings?

3. What are the follow-up efforts to ensure that clients return to have the prescribed periodic breast and cervical screenings, not just one-time screenings.

(3.5) DMS - CSAS - Addendum to the San Francisco Demonstration County Alcohol and Drug Program Plan for Fiscal Year 1992-93.

(3.6) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $747,699 from the California Department of Health Services, Office of AIDS, to continue funding the Ryan White Comprehensive AIDS Resources (CARE Title II) Disaster Relief Grant Project, for the term of July 1, 1993 through June 30, 1994; and a sole source and contract approval in the amount of $73,330 for the period of July 26, 1993 through June 30, 1994 with the Support Center of San Francisco to provide one-time services for the development of a long range plan for the use of Ryan White CARE funds in San Francisco, in conjunction with the Mayor's HIV Health Services Planning Council. (DPH contracted with the Support Center for services totaling $151,910 in FY 1992-93.)

Commissioner Rosenstiel was not present during the discussion or vote on this contract.

(3.7) CHS - Family Health/WIC - Request to accept and expend a continuation grant in the amount of $1,384,872 from the State Department of Health Services to provide special Supplemental Food Program for Women, Infants, and Children (WIC) services for the period of October 1, 1993 through September 30, 1994.

(3.8) CHS - Family Health - Request to apply, accept and expend a continuation grant in the amount of $706,188 from the Centers for Disease Control for community-level behavioral research and intervention project to prevent HIV infection in women and infants for the period of September 30, 1993 through September 29, 1994; and a modification of a sole source approval in the amount of $261,112 with UCSF to provide research and study design for the period of September 30, 1993 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,503,025 in FY 1992-93 exclusive of the Affiliation Agreement.)

Steve Purser, Family Health Administrator, added information that the contract also is to develop and implement the project and that women between 18 and 25 are targeted.

(3.9) CHS - Special Programs for Youth - Request to accept and expend $148,143, as a subgrantee, a continuation grant from the Northern California Pediatric AIDS Treatment Center, prime grantee of funds from the National Institute of Health, National Institute of Allergy and Infectious Disease to provide clinical trials and health services to HIV infected youth for the period of September 1, 1993 through August 31, 1994.

Commissioner Ludington expressed concern over the slow progress of this project. Commissioner Kaufman referred the monitoring of this grant to the Joint Conference on AIDS, Public Health, and EMS and requested a report back to the Commission in two months.

(3.10) Toxics, Health and Safety Services - Hazardous Materials, LOP Program - Request to accept and expend an allocation in the amount of $450,000 from the State Water Resource Control Board (SWRCB) to provide oversight services at leaking underground storage tank (UST) sites in the City and County of San Francisco, for the term of July 1, 1993 to June 30, 1994.

(3.11) DMSF - Forensics - Renewal contract with Chase Correctional Medical Division in the amount of $189,648 to provide X-ray services for the period July 1, 1993 through June 30, 1994. (DPH contracted with Chase Correctional Medical Division for services totaling $77,960 in FY 1992-93.)

The Commission referred the monitoring of this contract to the Joint Conference Committee for DMSF.

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Commissioner Ludington recommended approval of this site but also requested the Department to send a letter to the Commission indicating that outreach to the public was accomplished.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Rosenstiel was not present for this item.

4) RECOGNITION OF DEPARTMENT OF PUBLIC HEALTH STAFF TO EMERGENCY RESPONSE AT 101 CALIFORNIA STREET

President Jackson presented special Certificates of Appreciation from the Health Commission to the Paramedic Division, Mental Health Division, SFGH Trauma Center, and SFGH Emergency Department. See Director's Report.

5) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

EMERGENCY RESPONSE

- DPH Response to 101 California Incident: I am pleased to report that the Department of Public Health's emergency teams responded promptly and compassionately to the tragedy at 101 California Street on July 1. The Paramedic Division, San Francisco General Hospital Emergency Room and Trauma Center, and Mental Health are to be commended for their extraordinary responsiveness and professionalism in providing urgent care to the victims and survivors of the violence.

  Dr. Jim Pointer, Medical Director of the Emergency Medical Services Agency (EMS), reports that the Paramedic Division, SFGH Emergency and Trauma Units did an excellent job with operations and patient care. The Paramedic Division's Central Medical Emergency Dispatch (CMED) received the first call from Police Dispatch at 2:58:40 p.m. and two ambulances were dispatched within 70 seconds. CMED also initiated a red alert condition, notified area hospitals and assessed capacity, and called for backup assistance from the private ambulance companies. Ultimately, thirteen ambulances, including private providers (Mercy Life Care and San Francisco Ambulance), were dispatched to the scene. CMED handled a total of two hundred 911 calls on July 1, including 60 calls during the six hour duration of the 101 California disaster. Not a single call was dropped from elsewhere in the city during this entire incident.

  The first two ambulances arrived on the scene at 3:06 p.m.. The initial paramedic units responded promptly and without hesitation went into the building to organize on the scene medical operations on the first floor when it was still thought the gunman was at large and in addition, paramedics accompanied police specialists to the upper floors to assess victims.

  Under the direction of Dr. Charles Saunders, Medical Director of the Paramedic Division, the paramedics performed triage and directed the on-scene treatment of patients in the lobby of the building throughout the evacuation. Fifteen people were shot, nine of whom ultimately died in this tragedy.

  Seven of the injured were transported to the Emergency Department at San Francisco General Hospital, and one shooting victim was transported to St. Francis Hospital. Under the direction of Dr. Martha Neighbor, physician in charge and Laurie Chaprack, charge nurse, the Emergency Department coordinated medical and nursing services for the injured, as well as responding to media and family inquiries.

  Upon notification of a shooting with multiple casualties, Dr. Robert Mackersie, Director of the Trauma Service, the Trauma Center mobilized extra teams of nurses, physicians, surgeons, anesthesiologists, and

support personnel; as well as ready extra operating rooms and equipment and supplies, including trauma resuscitation areas. The entire Trauma Center team was in attendance when the first patients arrived at SFGH and were triaged, evaluated, and treated.

On that same day, July 1, a total of 179 patients were treated in the SFGH Emergency Department, of which 59 patients suffered traumatic injury, and six other patients were admitted with significant trauma.

On the day following the incident, the Division of Mental Health joined forces with the Red Cross to provide recovery services to the surviving employees of the building. Fifteen DMS staff, under the direction of Ms. Linda Wang, Assistant Director for Adult Services, participated in the DMS emergency response by providing disaster mental health interventions to assist survivors in their recovery from the trauma experienced. The outreach teams distributed information about normal stress reactions throughout the building and provided crisis counseling and debriefing services on site. Following the first day and until July 9, DMS staff worked alone to continue to provide counseling and debriefing services at the request of individuals and employees of firms who did not otherwise have access to such services.

I would like the Health Commission to join me in commending all of the DPH divisions and staffs involved for their exemplary performance throughout this tragic incident.

Representing the DPH divisions are the following:

- SFGH Paramedic Division - Charles Saunders, M.D.
  Paramedics: Michael Flaherty
  Eric Nylander
  Melvin Lee
  Anthony Valerio
  Lynne M. Benson-Colbert
  James Spaelti
  Allan Goodman
  Michael Wooley

  CMED Paramedics: Russ Richards
  Tom Pollock
  Brian Reber

- SFGH Emergency Department - Martha Neighbor, M.D.
  Laurie Chaprack, R.N.

- SFGH Trauma Center - Robert Mackersie, M.D.
  Julie Hansen, M.D.
  Junaid Kahn, M.D.

- Mental Health Division - Linda Wang
  Tina Yee

BUDGET UPDATE

- Update on DPH FY 1993-94 Budget: Yesterday evening, the Board of Supervisors voted 9-1 to approve the 1993-94 budget of the City and County recommended by the Budget Committee, with a slight modification regarding

Muni fares. For today's meeting, I have provided you with a summary of the Budget Committee's recommended changes to the Mayor's budget. Almost all of the critical service reinstatements we were seeking were restored until December 30, 1993, including 300 beds at Laguna Honda, all outpatient services at SFGH, all of the health centers, and much of our mental health and substance abuse services. We estimate, however, that we will need almost $20 million in funding in January in order to continue these services for the full fiscal year. Passage of the sales tax in November will be crucial in order to secure the revenues to pay for these services.

- Update on Mental Health Administrative Reductions: During the Board of Supervisor's Budget Committee hearings, the issue of further reductions to the Division of Mental Health administration was discussed. DPH responded that while there has been growth of over $42 million in the DMS budget during the last three fiscal years, during the same period there has been a reduction in administrative salaries of over $2.8 million. The growth is due to several factors - State realignment, enhanced revenue generation, successful grants and salary standardization.

  In fiscal year 1993-94, the Division is undertaking major reforms in the organization of the service delivery system, instituting new Medi-Cal reimbursement procedures and building new accountability measures in the provision of service. Any more administrative reductions would seriously threaten DMS's ability to successfully complete these essential tasks.

- Update on Staff Nurses MOU Negotiations: The Memorandum of Agreement between the City and County of San Francisco and Local 790 (Staff Nurses) provides that the previously agreed to 5% wage increase will take effect on January 1, 1994 instead of July 1, 1993, no mandatory furloughs may be imposed, no permanent Civil Service employees in represented classes may be laid off (excluding provisional, exempt or probationary employees), and the Department must cooperate fully with the Union to implement a Voluntary Time Off Program. In addition, disciplinary arbitration procedures shall be implemented similar to that which was included in the Citywide SEIU collective bargaining arbitration award.

  All savings accruing to the City from the delayed implementation of the wage increase will remain within the Department in order to continue services to citizens of the City and County. All other terms and conditions of employment contained in the July 1, 1992 - April 30, 1994 MOU shall remain in full force and effect.

- Revenue Assessment: The firm of Deloitte & Touche has agreed to provide pro bono services and perform an assessment of opportunities for revenue maximization during the latter part of August. The assessment is expected to provide an estimate of the County's potential to enhance its revenue generating capabilities as well as recommendations for continued improvement of our operational efficiency and effectiveness. Dr. Larry Meredith will coordinate the Department's planning for this assessment.

MANAGED CARE

- Update on the City's Planning Efforts for Managed Care: The Board of Supervisors' resolution endorsing citywide Medi-Cal managed care planning was sent to the State Department of Health Services, meeting the State's June 30, 1993 deadline for a letter of interest.

  The Leadership group has reviewed 63 resumes that were received for the project manager position, and 5 finalists will be interviewed on August 5. Once the project manager is hired in early August, the Steering Committee, and its two advisory bodies, will be convened.

  The State Department of Health Services held a hearing on its temporary, emergency regulations on managed care, on July 14, 1993. The State will be reviewing all comments, and will be releasing final regulations in the near future. Our concerns included the formulas for setting minimum and maximum enrollment levels for the mainstream plan in the county, the Board of Supervisors need to comment on these, and the preservation of maximum federal funding through the disproportionate share program. CAPH included our concerns in their testimony to the State.

  Yesterday, we received the State's proposed maximum enrollment levels for the mainstream plan for the period of time prior to implementing the local initiative. The State proposes to allow private HMO's to enroll up to 28,289 Medi-Cal beneficiaries, or 49 percent of the mandatory aid categories. I believe this could have problematic implications for the transition period, and for development of the local initiative. We have a very tight turnaround for comments - the Board of Supervisors must send a letter to the State DHS by August 15, 1993 - 30 days from the date of the State's letter. We are working on our analysis of the State's proposal and with Supervisor Shelley to schedule the hearing to consider our comments.

SPECIALITY WAIVERS

- African American Health Services Specialist Waiver: On June 30, the San Francisco Civil Service Commission approved the Health Department's request for the use of an "African American Health Services Specialist" conditional designation. This is a special working condition which would allow the Department to employ personnel sensitive to the unique health concerns of African Americans and to provide more effective service to those clients/patients. Before the Department can implement the designation, the department must design and implement a 32 hour training course and testing process in order to qualify personnel. I expect these items to be implemented within the next three months.

  In 1986, the Health Commission and the Department of Public Health made a formal request to the Civil Service Commission for a black sensitive waiver similar to the Gay/Lesbian waiver and bilingual waivers for Spanish, Cantonese, Tagalog and other languages already in effect.

  Thanks to the efforts of former Commissioner Naomi Gray, Commission President Arthur Jackson, SFGH Community Advisory Board, SF African American Mental Mental Health Task Force, and DPH staff, the Department's efforts were finally realized by the Civil Service Commission.

  Also, in March of this year, I initiated the formation of a Departmentwide Cultural Competence Committee to develop a work plan for

a culturally competent system of health care consistent with the Department's new mission and vision statements. The Committee will include staff representing the Department's major divisions as well as representatives from existing community advisory boards. A significant amount of work on culturally competent systems of care has already been done in DMS. We hope to build on their work in designing a Departmentwide program for achieving a higher level of cultural competency in the delivery of health services for all San Franciscans. When completed, the Committee's work plan will be presented to the Health Commission for input and approval.

CIVIL GRAND JURY REPORT

- 1992-93 Report: While there was no specific Health Department report in the 1992-93 Civil Grand Jury Report that was issued last week, the Department will be responding to a recommendation in the Jails Report that the Sheriff and DPH continue to work cooperatively and productively on a comprehensive TB Program in the jails.

  DPH will also comment on the Overtime Report which recommends reduction of the use of overtime in several city departments, including DPH/San Francisco General Hospital and Laguna Honda Hospital. A copy of the Department's responses will be forwarded to the Health Commission.

DPH NOMINEES HONORED

- Commission on Status of Women Awards: The Department has been informed three DPH nominees have been selected to be among the ten outstanding women who will receive the "Women Who Make A Difference" awards on August 26 at Women's Equality Day ceremonies to be held in the City Hall Rotunda at noon. The three Department of Public Health women selected as outstanding women civil service employees are:

Sai-Ling Chan-Sew	-	Director, Chinatown Child Development Center, Division of Mental Health
Michelle Clark, M.D.	-	Center for Special Problems, Division of Mental Health
Virginia Leishman, R.N.	-	Director of Nursing, Laguna Honda Hospital

SAN FRANCISCO GENERAL HOSPITAL

- #1 AIDS Care Hospital: For the third consecutive year, San Francisco General Hospital has been named as the best hospital in the nation for AIDS care in the National Opinion Research Center survey for U.S. News and World Report, July 12, 1993. 57.8% of specialists surveyed in 1991 through 1993 ranked SFGH as #1.

- Ten Year Commemoration: The SFGH AIDS Program will commemorate "Ten Years of Caring" with a special reunion on Saturday, July 31 at the City Hall Rotunda. The event will honor the many volunteers and staff who have worked in the AIDS Clinic and Inpatient Unit since 1982.

- Update on Poison Control Center Funding: The State EMS Authority has notified other Bay Area counties that San Francisco is no longer obligated to serve them if they fail to contribute to the cost of providing services.

  The deadline for counties to notify San Francisco if they plan to participate in paying for these services has been set for July 22, 1993. Those counties which do not make a financial commitment will have their direct telephone access blocked as of August 1, 1993.

There are currently two bills before the legislature which would provide funding through 911 funds and thereby preclude the need to discontinue this service link to other counties. However, at this time, it appears unlikely that these bills will be passed.

TB Grant: The Robert Wood Johnson Foundation will award $5.5 million over a three-year period to support demonstration projects on tuberculosis prevention. The program, "Old Disease, New Challenge: TB in the 1990's, will be administered by the National Program Office and directed by Dr. Philip Hopewell, Chief of Pulmonary and Critical Care Medicine at SFGH. The awards will be made to the best proposals for improving partnerships between local public agencies and organizations not affiliated with health departments and which are aimed at fighting the spread of TB.

- Trauma Foundation Award: The Trauma Foundation at SFGH has been awarded a $1.35 million grant to address youth violence in California. The grant is part of a $24 million commitment by the California Wellness Foundation to develop and fund viable violence prevention programs in California over the next five years.

  Andrew McGuire, Director of the Trauma Foundation, will also direct the newly established Pacific Center for Violence Prevention based at SFGH. The program will have three specific goals: (1) reduction and banning of handguns, (2) increased alcohol prices through taxation and decreased youth-targeted advertising, and (3) shortened incarceration period for youth.

  As part of its broader violence prevention program, the Center will provide academic fellowships for fully trained surgeons and emergency physicians who have the desire to develop advocacy and leadership skills in violence prevention policy. On July 1, trauma surgeon, Dr. Mark Tellez, the first fellow for this program, began training at SFGH as a future leader in violence prevention policy.

- Annual Medical Staff Dinner: The annual medical staff dinner was held in June. At this meeting, the Medical Staff approved new Bylaws and elected Denise Rogers, M.D., Acting Chief of Family Practice, as its Chief of Staff Elect.

- Semiannual Report on Hospital Diversion: The EMS Agency's hospital diversion report for the first six months of 1993 indicates the system wide average monthly Critical Care Diversion percentage began high at 12.10% in January and has tapered off to 2.40% in June. Five hospitals reported diversion percentages greater than 10% in January: SFGH, UCSF, St. Luke's, Kaiser and Davies. Critical Care Diversion for SFGH remained high from January through March, however SFGH has averaged less than 5% for the months of April through June.

  The systemwide average monthly Total Diversion percentage has remained low, less than 3% throughout the first six months of 1993. Kaiser reports an average diversion percentage of 14.7% for January through June, far exceeding the system average. All other hospitals report an average Total Diversion rate of less than 2% for 1993.

LAGUNA HONDA HOSPITAL

- Annual Licensing & Certification Survey: An exit conference for the

recent annual Licensing and Cerfication survey was held this morning at 10:00 a.m. Commissioner Paras and I attended the conference. Mr. Anthony Wagner reports that overall this year's survey went smoothly. A full report will be provided in the next Director's Report.

COMMUNITY PUBLIC HEALTH SERVICES

- New Medical Director at Health Center #2: I am pleased to announce the appointment of Dr. Dorianne Miller as District Medical Officer at Health Center #2, replacing Dr. Melissa Welch. Dr. Miller did her internship and residency at UCSF in Internal Medicine/Primary Care. Following her residency, Dr. Miller was initially an attending physician and was selected as the Director of the General Medical Clinic at Cook County Hospital in Chicago.

  Since returning to San Francisco, she has been an attending physician at Southeast Health Center, medical consultant to Student Health Services at City College, attending clinical professor for the Department of Medicine at SFGH, Director of General Medicine Consultation Service at SFGH, clinical training coordinator for smoking cessation services at SFGH, and cofounder of the Grandparents Who Care Support Group, for which she was recently honored by the RWJ Foundation's Community Health Leadership Program.

- Resignation of Director of Public Health Nursing: Barbara Giles-Wallen, Director of Public Health Nursing for DPH since early 1984, has resigned from her position effective July 9, 1993. Through her leadership and knowledge of public health, Ms. Giles-Wallen helped initiate a licensed and certified Home Health Agency, assisted in the successful integration of lead screening and case management, and abetted the implementation of a school nursing program for the public schools. She was also instrumental in the creation of grant funding such as CHIRN, CHAMPS, and ELDERCARE and in the development of nursing practice standards for Community Health Nursing. She has been a strong advocate on the importance of public health nursing within the community and throughout the state. Ms. Giles-Wallen has accepted the position of Chief of Nursing Services for Seattle and King County. We wish her well in her future endeavors.

- TB Awareness Month: State Health Director Molly Joel Coye, MD, MPH, has designated July as Tuberculosis Awareness Month, 1993. Local activities planned specifically for TB Awareness Month include: a talk show on TB in San Francisco on KGO Radio with Jane Lev (SFDPH) and Albert Smith (American Lung Association); information talks regarding TB targeted at both staff and the visiting public at SFGH and at City Hall; in-services or workshops on TB for staff at Center for Employment Training, Center for Southeast Asian Refugee Resettlement, the Clinic Consortium, and other venues. There are also two articles on TB in the summer issue of the DPH's Epidemiological Bulletin.

- Tobacco Free Coalition Policy Committee: Commission President Arthur Jackson and I attended a meeting of the Tobacco Free Coalition Policy Committee on July 2. The Committee presented the major points of the Youth Policy Legislation and the proposed Environmental Tobacco Smoke Legislation. This legislation will be reviewed by the Executive Staff and forwarded to the Health Commission. Yesterday, Supervisor Alioto introduced legislation regarding smoking in workplaces and public facilities. The Department will also review this proposed legislation.

At the State level, two competing bills, AB 13 and AB 996, designed to alter public and workplace smoking continue to move through legislative committees in Sacramento. Both bills were heard in the Senate Committee on Health and Human Services on July 14.

AB 13 (Friedman, T.) seeks to eliminate smoking in enclosed workplaces by establishing a uniform statewide standard and preempts local ordinances which are less restrictive. The bill has been amended to allow exemptions for "free standing bars", cardroom or charity bingo facilities, portion of warehouse facilities of more than 100,000 square feet not defined as office space and employing 20 or fewer full time employees, and defined areas within hotel lobbies. The bill was passed to the Committee on Judiciary.

AB 996 (Tucker) prohibits public and workplace smoking while allowing for numerous exemptions to a statewide standard. This bill would supercede all local ordinances unless enacted prior to April 1, 1993 and prohibits future attempts by local government to enact standards more restrictive than the state standard.

The San Francisco Board of Supervisors passed a resolution opposing AB 996 and the City maintains a "watch" position on AB 13.

- Nutrition Videos: The Department recently participated in the production of two nutrition education videos produced by a local film and video company. The videos, available in English and Spanish, were filmed at Health Center #3 and feature WIC nutritionist Gloria Bivens. The films provide information on preparing nutritious, economic meals to families and the nutritional benefits of eating breakfast.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Target Cities Grant Application: The State Department of Alcohol and Drug Programs has selected San Francisco as the State's first priority for a new "Target Cities" application to the Center for Substance Abuse Treatment Center. This allows San Francisco to compete nationally for a Target Cities Award with the full support of the State of California.

  Nationwide, $34 million is anticipated to be funded in year one for 14 new awards and some competitive renewals of existing awards (Los Angeles is the existing California grantee). The awards are for the purpose of creating systemic improvements in existing treatment systems to develop methods by which metropolitan systems of care can continually improve treatment effectiveness. The San Francisco Target Cities proposal requests $20 million over a five year period.

- Zellerbach Family Fund Grant: The Division of Mental Health and Substance Abuse was awarded two $5,000 grants from the Zellerbach Family Fund "No Strings Attached Program". This grant program targets line staff from mental health and social services for ideas and innovations that would improve the service delivery system. Over 48 proposals were submitted. David Volpendesta of DMS Children Services, collaborated with staff from DSS to fund capital improvements to create a better environment at the Family Reunification Visiting Room at DSS. Nancy Lim-Yee and Thuy Nguyen Smith of DMS's Chinatown Development Center received an award to recruit and train bilingual high school students from low income Asian families to work with newly arrived immigrants.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

- Illegal Pushcarts: In response to community complaints regarding illegal food pushcarts that are appearing throughout the City - Sunset District, Chinatown, and mainly in the outer and inner Mission Districts, the Bureau's inspectors are working with the Police Department to inspect and instruct vendors on legal and sanitation requirements. The foods sold on the carts are frozen fruit bars, mango fruit slices, and tamales. While no reported foodborne illnesses have been received by BEH, there is a potential when proper temperature controls are not met, improper food handling is performed, and the source of the food is from an unapproved site such as the home.

  The majority of these carts are known to be coming from outside of the City and many are operating without Police Department permits required on public property such as sidewalks, or Health Department permits required for carts operating on private properties. The Bureau has used its bilingual inspectors, when necessary, to instruct vendors on the legal and sanitation requirements. As a result, several operations have been licensed and approved for operation. Where there is non-compliance, warnings, citations, and impoundment of product and cart have been imposed. BEH will continue to respond to public complaints and work with the Police on abatement.

BUREAU OF TOXICS/HEALTH AND SAFETY

- State Assembly Base Closures Hearing: At the request of Assemblywoman Barbara Lee, Bill Lee testified on June 9 at the State Assembly Base Closures Committee hearing regarding San Francisco's Hunter's Point and Presidio toxics clean-up problems and challenges. The State received input regarding management, funding, and leadership concerns about the reuse of land, jobs, minority contracting, costs and cleanup requirements from the Mayor's Office, Hunter's Point Naval Shipyard Citizens' Advisory Committee and the City Planning Departments.

- Electric and Magnetic Fields (EMF's): At the request of San Francisco Schools' Superintendent Rojas, staff participated with EPA, PGE, and SFUSD in a seminar for selected PTA, Board of Education, SFUSD unions and School Principals. The purpose of the seminar was to discuss possible EMF health and safety issues affecting school children.

JUNE STATISTICS

- AIDS Statistics (from 7/1/81 to 6/30/93)

Total San Francisco cases:	16,897
Total San Francisco deaths:	10,869
Total S.F. cases for June:	450 *
Total S.F. deaths for June:	207

*Includes 357 cases meeting the new definition of AIDS. Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient	
Average Daily Census (except newborns):	282
Newborn Nursery:	18
Actual Patient Days (except newborns):	8,449
Newborn Nursery:	527
Admissions (except newborns):	1,405
Newborn Nursery:	161
Average Length of Stay (except newborns):	6
Newborn Nursery:	3
Discharge Patient Days (except newborns):	8,819
Newborn Nursery:	556
Discharges (except newborns):	1,411
Newborn Nursery:	164
Outpatient Visits	
Primary Health	
Family Health:	3,106
General Medicine:	1,993
Pediatric:	2,330
OB/GYN:	2,773
Specialty Clinics:	10,510
Emergency Visits	
Emergency Room:	5,224
Psychiatric Emergency Services:	297

- Laguna Honda Hospital

Average Daily Census:	1,109
Acute Services:	7
Clarendon Hall:	164
AIDS SNF:	7

- Mental Health

SFGH/Acute Psychiatric Beds:	78
(11 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	5

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,104
Health Center #2:	316
Health Center #3:	875
Health Center #4:	1,232
Health Center #5:	966
Tom Waddell Clinic:	2,939
Potrero Hill Health Center:	598
Southeast Health Center:	806
Special Programs for Youth:	3,151
TOTAL VISITS:	11,987
Disease Control	
TB Clinic:	2,014
City Clinic:	1,930

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 7/03/93			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS*	203	167	434**	1054	976	3246**
Campylobacteriosis	106	91	76	384	351	314
Giardiasis	37	19	21	173	146	134
Hepatitis A	17	38	14	113	233	108
Hepatitis B	9	10	11	42	46	39
Salmonella	15	17	13	97	79	96
Shigella	15	19	19	128	132	107
TB	34	25	36	173	188	185
Gonorrhea	279	236	217	1677	1419	1184
Syphilis	75	34	18	375	214	82

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, I approved the following appointments and reappointments of SFGH Medical Staff during March, April and May 1993:

Appointments to the Active Staff:	6
Reappointments to the Active Staff:	18
Appointments to the Courtesy Staff:	19
Reappointments to the Courtesy Staff:	34
Appointments to the Affiliated Staff:	5
Reappointments to the Affiliated Staff:	8

Details are available in the Commission Office.

- Laguna Honda Hospital: On behalf of the governing body, I approved staff applications for three medical staff.

Details are available in the Commission Office.

DIRECTOR OF HEALTH

- Resignation: Today, I submitted my resignation letter to you as Director of Public Health, effective Monday, July 26. I have accepted a position as Senior Vice President of Lewin-VHI, the national health policy research and consulting firm based in the Washington, D.C. area.

As I stated in my letter I am deeply grateful for the opportunity to have worked with you, each member of the Commission, past and present, in service of this City and its people. There is no city in America where public and private providers, volunteers and activists, progressive businesses and labor, clients and public officials have worked together so successfully to make health a priority.

I regret that the financial crises of our City and State have slowed progress toward our shared goals. But we have much of which to be proud. These last three years have seen a remarkable strengthening of the Department's services, management and finances. We have accomplished this in the face of unprecedented budget cuts, relentless growing service needs, and turmoil in health policy at every level of government.

The Commission has adopted a new mission and vision. You set new policy with respect to national health reform, managed care, the restructuring of mental health and HIV services, and our affiliation with U.C. Working with you, the Department developed a new more inclusive management structure, with an executive team of unparalleled skill and diversity. We set new standards with our ambitious affirmative action programs.

We opened up decison-making to the very active participation of our many constituencies, not only through our standing advisory boards, but also through new groups like the Ad Hoc Citizens Budget Advisory Committee, the Managed Care Leadership Group, the CARE Council, the Women's Health Committee and the TB Control Committee.

We dramatically expanded our non-City funding sources: we increased Federal and State revenues by over $80 million (and grants by at least $35 million more), and cut administrative costs by over $40 million.

Most important, we improved our services. We passed State and national accreditation surveys with flying colors, and several of our programs received national recognition as models of care. We broke new ground in such critical areas as childhood lead poisoning, HIV youth services, STD and tuberculosis control, women's health, toxics and environmental health, tobacco control and violence. We began to reduce our reliance on institutional services and to integrate heretofore fragmented health, mental health and substance abuse services with education, criminal justice and social services.

There is much still undone, and the fiscal crisis will make it all the more difficult. Ahead lies the struggle for permanent restoration of this year's deep service cuts. The transition to managed care will be difficult. The redesign of the mental health system has to be completed. A major capital investment has to be made in the Department's aging buildings and medical equipment. It will be essential to work with the Mayor and the Board to restructure the Department's financial relationship with the City, as we proposed earlier this year.

I have every confidence that the leadership of the Commission, the dedication of our staff and the activism of our communities will ultimately realize our shared vision of making San Francisco truly a "Healthy City".

Thank you for the very special personal and professional privilege of working with you toward these goals. I have learned much and gained so much from our collective efforts. I hope I have returned a fraction of what this wonderful City has given me.

Each Commissioner praised and thanked Dr. Baxter for his leadership and management skills. President Jackson announced the Commission's decision to appoint Florence Stroud, R.N., M.N., M.P.H., as Acting Director of DPH, effective July 27, 1993. President Jackson has communicated with the Mayor on this acting appointment. The Commission will conduct a search for a new Director of Public Health; and, in compliance with the City Charter, appoint the new Director of Public Health.

6) UPDATE ON FY 1993-94 BUDGET FOR DEPARTMENT OF PUBLIC HEALTH

Dr. Baxter provided the Commission with an update (Attachment B) on the Board of Supervisors' budget action of July 16, 1993.

7) CONSIDERATION OF AMENDMENTS TO THE SFGH MEDICAL STAFF BYLAWS

The proposed amendments to the Bylaws of the Medical Staff at San Francisco General Hospital have been recommended and approved by the Bylaws Committee, the Executive Committee, and the whole Medical Staff at San Francisco General Hospital. These changes have also been recommended by the Joint Conference Committee of SFGH, of which Commissioners Rosenstiel and Marton are members.

Action Taken: The Commission adopted the amendments to the Medical Staff Bylaws of SFGH for 1993.

8) VIOLENCE AS A PUBLIC HEALTH ISSUE

Dr. Baxter presented this subject saying that violence is not just a criminal issue and has to be approached from different perspectives. Public health, having a responsibility to address this problem, has tools to address the problem and should collaborate with other disciplines.

Ms. Flo Stroud, Senior Deputy Director for Community Health Services, presented the following:

Interpersonal violence and violence-related injury and death among youth have reached epidemic proportions in our society. In many of our urban communities it has become a fixture. Twelve urban counties in California account for 95% of youth homicide. Historically, violence has been defined as a criminal justice problem. This single system response has failed to stem the tide of violence. Rather, it has increased the burden of violence on our society though increased costs for new construction and staffing of jails, and increased costs for processing those arrested through our court system.

A more useful model for understanding violence is to frame it as a public health issue. A shift to a public health approach acknowledges the multidimensional nature of violent behavior and its origins. It believes that violent assaults are understandable, predictable and preventable. It asserts that effective prevention programs must involve collaboration and coordination of multiple sectors of government and community.

An epidemiologic analysis of the manifestation of violence guides the selection, development and application of prevention programs by: (1) identifying who is at risk of causing injury or being injured, (2) detailing the manner by which the injury is inflicted, and (3) by isolating environmental factors that contribute to violent behavior.

Ms. Stroud presented statistics on homicide and suicide (available in Commission Office). She reported that the Department of Public Health will continue its role as convenor of the Violence Task Force. In this capacity, the Department will provide a forum for coordination of existing services and sharing of information. It will continue to monitor data related to violence. The Proposition J planning group has identified violence prevention as a funding priority. The Department will continue to work with that group in an effort to fund staff with citywide responsibility.

Three representatives from three community programs presented descriptions of their violence reduction programs.

- Terry Amsler, Executive Director, Community Boards, Inc.
  His organization specializes in dispute mediation and conflict resolution.

- Mitch Salazar, Executive Director, Real Alternatives Program (RAP). Over the past two years, Mr. Salazar has provided the leadership for a mission district community planning process around violence prevention. Mr. Salazar emphasized that there are similarities among communities in violence prevention, but each community is unique and has different needs.

- Joyce Layne-Jordan, Director, Critical Incident Response Team (CIRT). This program is funded by the Department of Public Health and provides crisis services to families of violence victims and other members of the affected neighborhood. Ms. Layne-Jordan provided statistics and emphasized prevention and collaboration with many community and City agencies.

Points raised by Commissioners included:

a) Financial resources should be put early in children's services and not in prisons.

b) Violence should be defined as a public health problem from a holistic view, using epidemiological tools.

c) Education is a key factor in prevention of violence.

d) To address violence, broad philosophical issues needs to be raised.

The Department will report back to the Commission on the progress of the Violence Task Force.

Public Speaker: Edward Benner

9) PUBLIC COMMENTS

Public Speaker: John O'Brien

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $5,000 FOR ELZBIETA MACHLOWSKI ET AL, V. CCSF, SUPERIOR COURT #937-406

This item was deleted.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-93

SUPPORTING LEASE FINANCING PROGRAM FOR THE PURCHASE OF AN 800 MHZ. TRUNKING RADIO SYSTEM FOR THE PARAMEDIC DIVISION

WHEREAS, the San Francisco Department of Public Health, Paramedic's Division's radio communication needs cannot be met with the current equipment and number of frequencies; and,

WHEREAS, the Paramedic Division needs increased communications coverage within the city to perform its functions; and

WHEREAS, the Federal Communications Commission will likely adopt a proposed rule (Part 88) which will require costly modifications to the Paramedic Division's existing system, including immediate partial replacement and eventual total replacement of the system by the year 2004; and

WHEREAS, there are increased demands for information transfer between and with departments, which the current systems cannot accommodate; and

WHEREAS, the need for standardization of radio equipment, as required under Chapter 22a of the Administrative Code, can only me bet by changing the current radio system to an 800 Mhz. Trunking Radio System; now, therefore, be it

RESOLVED, that the Health Commission supports the need for a new radio communications system for the San Francisco Department of Public Health, Paramedic Division, and hereby indicates its intent to participate in acquiring an 800 Mhz. Trunking Radio System or other equivalent system; and, be it,

FURTHER RESOLVED, that the Health Commission hereby agrees to participate in the lease financing program for the purchase of the 800 Mhz. system, as such program is ultimately approved by the Mayor and the Board of Supervisors by budgeting the required lease payments in the fiscal years in which such payments are due.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 20, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco

Department of Public Health

Raymond J. Baxter, Ph.D.
Director

TO: Honorable Arthur Jackson, President
Health Commissioners

FROM: Raymond J. Baxter, Ph.D.
Director of Public Health

RE: Update on Board of Supervisors budget action
July 16, 1993

DATE: July 20, 1993

On Friday, July 16, the Board of Supervisors Budget Committee approved its recommended City and County 1993-94 budget for consideration by the full Board on July 19 and 26. The Committee made a number of changes to the Mayor's recommended budget to the Board, including $9.5 million in restorations for critical Department of Public Health services until December 30, 1993. It also reduced funds available for restorations made by the Mayor's Office from full-year funding at $14 million to funding until December 30, 1993 at $7 million.

The attached sheet prepared by the Budget Analyst's Office details the changes from the Mayor's budget and the recommended sources and uses of funds. The major new sources of funds include $10.2 million in state revenues, $8.7 million of which are realignment revenues as a result of the Governor signing SB 463, the realignment clean-up bill. $7 million comes from the reduction of the Mayor's $14 million restoration to the DPH budget, funding those services only until December 30, 1993.

On the expenditure side, approximately $9.5 million of the $28.9 million the Budget Committee had available went to restore critical DPH programs until December 30, 1993. For the most part, the restorations come from the supplementals for DPH services that the Health Commission approved last week, less $551,000 that we could save from various accounts without affecting service. These restorations include 300 beds at Laguna Honda, all outpatient services at San Francisco General, and Health Center #3. The Budget Committee also reinstated the CE&I program and the Mission Council program until December 30, 1993. In addition, the Committee added $200,000 to start-up an SSI advocacy unit in the Department of Social Services. Those funds will be work-ordered to the DPH to run the program at San Francisco General Hospital. Services restored to other departments are detailed on the attached sheet. Of

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particular interest is the $4 million restoration to the libraries for full funding in 1993-94. The Committee's rationale for restoring these funds was so that the library parcel tax measure could be removed from the November ballot and would not have to compete with the state-wide sales tax measure, hopefully making the sales tax more likely to pass.

Passage of the sales tax in November will now be critical to the DPH. This is because the DPH will need almost $20 million in January in order to continue the services that are only funded until December 30, 1993 in the proposed budget. The bulk of the revenue for these programs will have to come from the sales tax, which if passed will provide $22 million. There will also be $8 million in retirement funds that will be available in January, for a total of $30 million.

Finally, the Mayor's Office has requested that we prepare a spending plan for all Divisions for 1993-94. Once we have the spending plan, we hope to be able to fill all requisitions that fit within the total funds available. We will also prepare the supplemental in early fall for your review.

Please let me know if you have any questions.

Recommended Sources of Funds

Net Finance Committee Recommended Reductions	$4,700,000
State Revenue Adjustments:	
Additional State Realignment Funds	7,500,000
Additional Vehicle License Fee Revenue	1,200,000
Decrease In Property Tax Shift	1,000,000
State Reimbursement For Fire Claims	500,000
Other:	
Fund Health Programs from Retirement Savings for six months	7,000,000
Utility Users Tax Additional 1/2% Increase - Effective October 1, 1993	2,300,000
Nurses Concessions	2,200,000
Childrens Fund Expenditures For DPH	2,100,000
Land Sales Proceeds	400,000
Reductions to Capital Projects to be Funded from OCD	300,000
Totals	**$29,200,000**

Recommended Uses of Funds

Health Tier 1 and Tier 2 Restorations (six months)	$9,200,000
Remove Condo Conversions Budget Revenue	8,000,000
Library Restoration - no parcel tax on November ballot	4,000,000
Remove Retroactivity from Business Tax Restructuring Ordinance	3,400,000
Mayor's Restorations (Muni $2.05, DPW $0.50, Zoo $0.200) six months	2,750,000
Proposition J Restoration	500,000
Department of Social Services - SSI six months	200,000
Human Rights Commission Restoration	155,000
Recreation Centers	140,000
Tax Collector Restorations	140,000
Senior Information and Referral	100,000
Coroner - Forensic Toxicologist Restoration	85,000
Mission Center for Alcohol Abuse	75,000
Mental Health Community Education and Information (CE&I) (six months)	60,000
Arts Commission	26,000
Day Laborer Program	20,000
	$28,851,000

Note: The Budget Committee also recommends the restoration of Senior Escort Services under the Commission on Aging. The sources of funds available for this purpose are the following: Work Order funds from Police Department to COA ($880,000); Funds on reserve in Police Budget to add crime prevention and education to the SAFE contract ($300,000) and, funds appropriated in the interim budget for Senior Escort continuation for the month of July ($135,000).

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
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Paul A. Rosenstiel
Vice President

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Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
August 3, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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PLEASE NOTE: NO HEALTH COMMISSION MEETING ON AUGUST 17, 1993.

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING ON JULY 13, AND REGULAR MEETING ON JULY 20, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Request to approve lease at 2801 - 25th Street for the relocation of the Rape Treatment Center.

(3.2) CHS - Health Promotion - Tobacco Free Project - New contract with Lyon-Martin Women's Health Services in the amount of $79,970 for a Smoke Free Project serving the gay, lesbian and bisexual (GLB) communities for the period of the date of certification through May 15, 1994. (DPH contracted with Lyon-Martin for services totaling $242,969 in FY 1992-93)

(3.3) CHS - Health Promotion - Tobacco Free Project - New contract with San Francisco Mime Troupe in the amount of $80,000 for a Smokefree Theater Project from the period of contract certification through May 15, 1994.

(3.4) CHS - Health Promotion - Tobacco Free Project - New contract with the American Lung Association of San Francisco in the amount of $79,865 for a Cessation Project for youth, African Americans and underserved populations in San Francisco for the period of the date of certification through May 15, 1994. (DPH contracted with American Lung Association of San Francisco for services totaling $40,590 in FY 1992-93)

(3.5) D117 - LHH and SFGH - Two renewal contracts to provide specialized healthcare legal services for the period of July 1, 1993 through June 30, 1995.

1) At LHH: contract with Hanson, Bridgett, Marcus, Vlahos & Rudy in an amount not to exceed $35,000 per year. (DPH contracted with Hanson, Bridgett, Marcus, Vlahos & Rudy for services totaling $35,000 for FY 91-92 and FY 1992-93.)

2) At SFGH: contract with Weissburg and Aronson in an amount not to exceed $25,000 per year. (DPH contracted with Weissburg and Aronson for services totaling $25,000 in FY 91-92 and FY 1992-93.)

(3.6) CHS - AIDS - Renewal contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $234,596, to provide a community based HIV prevention education program to persons who inject drugs in San Francisco, for the period July 1, 1993 through June 30, 1994. (DPH contracted with San Francisco AIDS Foundation HIV Prevention Project for services totaling $137,971 in FY 1992-93.)

4) DIRECTOR'S REPORT (Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) UPDATE ON FY 1993-94 BUDGET FOR DEPARTMENT OF PUBLIC HEALTH

6) CONSIDERATION OF RESOLUTION DESIGNATING THE EXECUTIVE ADMINISTRATOR OF LAGUNA HONDA HOSPITAL AS THE APPOINTING OFFICER FOR LAGUNA HONDA HOSPITAL

7) CONSIDERATION OF A RESOLUTION RESPONDING TO THE STATE'S INTERIM PLAN FOR MEDI-CAL MANAGED CARE ENROLLMENT

8) PRESENTATION OF THE ANNUAL REPORT OF HAZARDOUS MATERIALS ADVISORY COMMITTEE

9) HEARING ON THE REPORT OF THE DEPARTMENT OF PUBLIC HEALTH TOBACCO-FREE PROJECT

10) OTHER BUSINESS/PUBLIC COMMENTS*

11) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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Executive Secretary

Tel.: (415) 554-2666

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ADDENDUM

TO

AGENDA

HEALTH COMMISSION MEETING
August 3, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following item will be added to the Agenda of the Health Commission meeting of August 3, 1993:

9A) DISCUSSION AND CONSIDERATION OF THE SEARCH PROCESS FOR THE POSITION OF DIRECTOR OF PUBLIC HEALTH

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 3, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:00 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

Absent: Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JULY 13, AND THE REGULAR MEETING OF JULY 20, 1993

Action Taken: The Commission adopted the minutes of the special meeting of July 13, 1993 and the regular meeting of July 20, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Request to approve lease at 2801 - 25th Street for the relocation of the Rape Treatment Center.

(3.2) CHS - Health Promotion - Tobacco Free Project - New contract with Lyon-Martin Women's Health Services in the amount of $79,970 for a Smoke Free Project serving the gay, lesbian and bisexual (GLB) communities for the period of the date of certification through May 15, 1994. (DPH contracted with Lyon-Martin for services totaling $242,969 in FY 1992-93)

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1) At LHH: contract with Hanson, Bridgett, Marcus, Vlahos & Rudy in an amount not to exceed $35,000 per year. (DPH contracted with Hanson, Bridgett, Marcus, Vlahos & Rudy for services totaling $35,000 for FY 91-92 and FY 1992-93.)

2) At SFGH: contract with Weissburg and Aronson in an amount not to exceed $25,000 per year. (DPH contracted with Weissburg and Aronson for services totaling $25,000 in FY 1992 and FY 1992-93.)

Commissioner Paras commented on the slow progress of the two firm's affirmative action.

(3.6) CHS - AIDS - Renewal contract with the San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point, in the amount of $234,596, to provide a community based HIV prevention education program to persons who inject drugs in San Francisco, for the period July 1, 1993 through June 30, 1994. (DPH contracted with San Francisco AIDS Foundation HIV Prevention Project for services totaling $137,971 in FY 1992-93.)

(3.7) Consideration of a supplemental to create seven (7) new A Classes to the Division of Community Public Health.

Public Speaker: David Novogrodsky, Local 21.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT (Florence Stroud, R.N, M.N, M.P.H., Acting Director)

BUDGET UPDATE

- DPH FY 1993-94 Approved Budget: On Monday, July 26, 1993, the Board of Supervisors approved the City's proposed 1993-94 budget by a 9 to 1 vote. The latest information from the Controller's Office - which will change slightly - shows that the DPH 1993-94 expenditure budget is $585.5 million, of which $491.7 million is revenues (84%) and $93.8 million is the general fund contribution (16%). By Divisions, the expenditure budgets are as follows:

	Expenditures	Revenues	General Fund
CHS	$148.1	$115.3	$32.8
DMSF	115.5	79.5	36.0
LHH	82.0	79.4	2.6
SFGH	239.9	217.5	22.4

In approving the City's budget, the Board made two major revisions to the Mayor's budget: (1) it stated its intent to restore critical health services for a six month period, until December 31, 1993 and (2) it reduced the Mayor's $14 million reinstatement of critical services to $7 million, from a full year to six months.

In addition, the Board's restorations include: 300 skilled nursing beds at Laguna Honda Hospital, approximately 33,000 outpatient visits at San Francisco General Hospital, Health Center #3 and $3.9 million in mental health and substance abuse services. The Department has forwarded a supplemental to the Mayor's Office for $9.3 million to implement the Board's restorations. This supplemental is currently being held by the Mayor's Office pending the Board's final vote on the small business tax. We anticipate that vote to occur in two weeks. Additional service restorations beyond December 31, 1993 will depend largely upon passage of the State sales tax proposition scheduled for the November 1993 ballot.

There are two other issues related to the budget that we are working on with the Mayor's Office. First, as a result of substantial budget cuts and additional revenues, the Department is well below its maintenance of effort requirement for Prop. 99 tobacco funds (even after the six month service restorations). As a result, the Department could lose all of its estimated 1993-94 Prop. 99 revenues of $10.6 million. If additional services are restored effective January 1, 1994, then the Department could recapture some of its Prop. 99 allocation. The Department and the Mayor's Office are working together to ensure that DPH collects as much of its allocation as possible. Meeting the MOE target is not a problem unique to San Francisco. Many counties have expressed difficulty in meeting their MOE levels due to budget reductions. As a result it may be necessary to pursue State legislative remedies to address this problem. Second, because $800,000 of the Mayor's $14 million restoration was already budgeted at six months, DPH will face a shortfall prior to January 1, 1994. The Mayor's Office is aware of this issue, and will request these funds in the supplemental.

- Wage Freeze: The Memorandum of Understanding with the Union of American Physicians and Dentists is a two year MOU covering Fiscal Years 1992-93 and 1993-94. The MOU called for a wage increase for FY 93-94 based on the increase in the Consumer Price Index (CPI) within a minimum of 3% and a maximum of 5%. Under this formula, DPH employed physicians and dentists were contractually entitled to a 3.2% increase for FY 1993-94.

  The Union has agreed to receive no wage increase for this fiscal year in exchange for adding a third year to their MOU (Fiscal Year 1994-95). The new third year of the MOU provides that physicians and dentists will receive, effective July 1, 1994, a 3.2% increase plus an additional increase based upon the Consumer Price Index within a minimum of 2% and a maximum of 5%. In other words, effective July 1, 1994, physicians and dentists will receive a wage increase from between 5.2% and 8.2%. All other terms and conditions of the current MOU will remain the same during the third year of the MOU, which expires June 30, 1995.

FINANCIAL RESTRUCTURING

- Update: As you know, in the course of this year's budget process, the Department of Public Health proposed to initiate a process of restructuring the financial relationship of the Department to the City and County of San Francisco. The Health Commission unanimously endorsed this proposal, the

Board of Supervisors introduced a resolution supporting further study, and the Mayor agreed to set up a working group to explore this concept and its ramifications.

The Department is pleased to have Mr. Larry Gage and Ms. Ann Camper of Powell, Goldstein, Frazier & Murphy assisting us with this project. The law firm of Powell, Goldstein, Frazier and Murphy has assisted several public hospitals and health systems assess, design and/or implement structural reforms in their public hospital/government relationship. They are currently assisting the City of Denver, Colorado to restructure its health department.

On July 26, 27, and 28, Susan Ehrlich, Deborah Alvarez and I from the Department, and Mr. Gage and Ms. Camper met with key officials to solicit their ideas and concerns regarding DPH financial restructuring. We met with the Mayor's Office, Controller's Office, City Attorney's Office, members of the Board of Supervisors, the Ad Hoc Budget Advisory Committee, DPH Executive Staff, and members of the Health Commission. The meetings were informative and identified a number of critical issues.

The Department is committed to building a financial relationship which is optimal for both the City and County and DPH. Over the next two months, DPH staff will work closely with Mr. Gage and Ms. Camper to do the financial and legal analysis necessary to identify our options and make some general recommendations on structural constraints and realities.

MANAGED CARE

- Update on the City's Planning Efforts for Managed Care: The DPH Managed Care Steering Committee presented a managed care briefing to Executive Staff last Wednesday at SFGH. The purpose of the briefing was to hear reports from the four managed care subcommittees (Finance, MIS, Clinical Implementation, and Policy and Planning) on what activities have been completed, what work remains to be done, and where Executive Staff needs to be involved in decision-making to move the process even further along. Numerous outstanding issues and recommendations from the Steering Committee were discussed. The meeting was informative and highly successful at identifying the next steps needed as the Department moves to "Phase 2" of DPH managed care planning.

  In keeping with the timetable, finalists for the project manager position will be interviewed by the leadership group on August 5, and it is anticipated the position will be filled as soon as possible.

  As reported at the last Commission, on July 19 the Department received the State's proposed maximum enrollment levels for the mainstream plan (private HMOs) during the interim period between now and the implementation date for the local initiative (March 1, 1995). Staff has been working to analyze the impact of a mainstream plan enrolling up to 28,289 Medi-Cal beneficiaries, or 49 percent of the mandatory aid categories in San Francisco, in their health plan. We have serious concerns with the State's rationale and formula for this number, and with the possible adverse selection which may ensue. The Board of Supervisors has until August 15, 1993 to provide comments to the State on this proposal. A proposed resolution for your consideration is on today's agenda. We will be working closely with Supervisor Shelley, who is scheduling this item at the Board's Health and Safety Committee next Tuesday, August 10.

TRANSITIONAL EMPLOYMENT WORKSHOP

- Equal Employment Opportunity Unit: Under the direction of Ms. Gloria Louie, the Equal Employment Opportunity Unit presented a Transitional Employment Workshop on July 15 for DPH employees scheduled to be laid off due to the budget cuts. The workshop included: assistance with updating resumes, refreshing interview skills, where to look for another job, and where to go and what to do about stress. Ms. Louie and her staff have also met individually with displaced staff to offer job and individual counseling.

  Ms. Louie has met with Executive Staff regarding a plan to prepare DPH employees for organizational changes and transition that have resulted from the budget cuts and will continue as the Department moves into a managed care system of healthcare. The Executive Staff will work with Ms. Louie regarding staff training and a process for providing DPH employees with information to assist in the transition.

SAN FRANCISCO GENERAL HOSPITAL

- Nurses Job Fair: Due to the recent budget cuts, the Department of Nursing at San Francisco General Hospital responded to concerns of nursing staff by presenting a Job Fair on Friday, July 30 at San Francisco General Hospital. The purpose of the event was to give SFGH Nurses, who were designated to be reassigned to other SFGH nursing units or DPH Divisions, an opportunity to obtain information about potential job openings at SFGH, LHH, Forensics, and CPHS. Approximately 55 RN's and 15 presenters participated in the Job Fair.

  Nursing staff were given the opportunity to schedule individual interviews with Nurse Managers of DPH units with job openings. At the end of the day, every attempt was made to match the skills, abilities, and preferences of the staff nurse with the needs of individual DPH units.

  The SFGH Department of Nursing acknowledges the collaborative efforts by nursing staffs from LHH, Forensics, and CPHS that made this event a positive experience for all involved.

- Update on Poison Control Center Funding: All but three counties have signed financial commitments to pay their share of the San Francisco Bay Area Regional Poison Control Center's emergency hotline which is located at SFGH. These three counties are Contra Costa, Sonoma, and Del Norte. Last year, 27% of the 63,916 calls received by the hotline came from these three counties. If these counties do not sign payment agreements, they will be dropped from the Center's emergency hotline service.

- Youth Violence Prevention Funding: At a news conference held at San Francisco General Hospital on July 28, the California Wellness Foundation announced the first grants in a community action program that is expected to grow to a $12 million investment over the next five years. The grants were awarded to community-based groups in 18 California cities to develop innovative ways to prevent youth violence.

  Locally, funding was awarded to a collaborative project of the Bayview Hunter's Point Foundation, Critical Incident Response Team, and the Oceanview-Merced Heights-Ingleside (OMI) Neighbors in Action for a neighborhood-based primary prevention program to target three neighborhoods along San Francisco's southern border. Also receiving a grant was a

collaborative effort by The Real Alternatives Program and the Central American Refugee Center to address youth violence in the Mission District.

The Foundation intends to apply the principles of public health, such as prevention through public education, in an attempt to reduce the rates of homicides and injuries among youth and stop the drain on the state's human and financial resources. This statewide effort will be coordinated from the newly established Pacific Center for Violence Prevention based at San Francisco General Hospital. Over the next five years, the California Wellness Foundation and its collaborative funders are committing nearly $30 million to support a variety of youth violence prevention activities in California.

- Managed Care MIS: On July 16, SFGH hosted a meeting sponsored by the California Association of Public Hospitals focused on information system requirements for Medi-Cal Managed Care. Presenters included representatives from Fresno County, the California Department of Health Services, and EDS (the California Medi-Cal intermediary).

LAGUNA HONDA HOSPITAL

- Licensing & Certification Survey Completed: The State team of 14 inspectors finished their review of Laguna Honda Hospital programs and services for compliance with HCFA OBRA regulations for skilled nursing facilities, state licensing statues for both general acute hospital and skilled nursing licensure and, for the first time a state civil rights compliance review. All four level A requirements for OBRA were found to be in compliance; a list of standards and elements requiring correction was issued in late July and plans of correction will be submitted shortly.

- Appointment to Regional Organization: Dennis Sato, LHH administrator for health information, management information and telecommunication services, was recently selected as chairman of the Northern California Financial Management Association's Information Systems Committee. This Committee, comprised of information systems professionals, has a goal to improve management and information resources and systems in the delivery of healthcare services.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/Study of Gay Men: In November 1992, Supervisor Carole Migden convened a group of concerned individuals to discuss recent studies showing a resurgence in unsafe sexual activity among gay men. This led to a study, sponsored by the San Francisco Department of Public Health, of 119 gay men from different educational, ethnic, and social backgrounds. The results of the study will be released at a community forum on August 4, 1993. The results will be used to guide future prevention efforts for this community by the Department of Public Health.

- Women and AIDS: Last week, the Centers for Disease Control announced that, for the first time, the proportion of AIDS cases in the United States among women attributable to sexual transmission of HIV was greater than half. Up until this past year, more that half of the AIDS cases among women were due to transmission through injection drug use.

  In San Francisco, the proportion of AIDS cases among women attributable to injection drug use was still more than half in 1992 with 54% of cases attributable to injection drug use, 33% attributable to sexual

transmission, and the remainder attributable to transfusions or no identified risk. However, projections of HIV prevalence among women in San Francisco show that sexual transmission is the leading cause of infection, suggestion that local AIDS rates will coincide with the national trends in the near future.

BUREAU OF ENVIRONMENTAL HEALTH

- Clement Street Issues: The Bureau of Environmental Health is working with the Mayor's Office and Supervisor Barbara Kaufman to address public complaints in the Richmond District along Clement Street. The neighborhood is protesting the plan to open another produce market along Clement Street. Other concerns include illegal sidewalk encroachments, litter, illegal parking, odors and poorly maintained refuse containers. As a result of a meeting on Monday, August 2 with the Mayor's Office, Supervisor Kaufman, various Department representatives, and business and community leaders, an action plan was proposed for development. It calls for the enforcement by DPW of the 1983 encroachment ordinance for produce displays and non-food items; parking changes for vehicle unloading; and issuance of permits for produce stands. Environmental Health will continue to improve refuse storage, pickup and general unsanitary conditions observed or reported.

- Rodent Infestation at BART Station: An active rodent infestation has been confirmed at the BART Station located at 24th Street and Mission. This is a reoccurring event with BART. Last year a similar problem was identified and the Bureau had to issue a citation before gaining cooperation and compliance. Presently, BART is under orders to develop a written work plan that will enumerate their actions to immediately abate the population and to outline long-term control measures. Based on staffing and resources available, the Bureau's policy is to require property owners to abate all rodent infestations under the Bureau's review.

JULY STATISTICS

All Statistics for July will be reported in the next Director's Report.

President Jackson announced the Health Commission will meet on August 24, 1993 and September 21, 1993, but not on September 7, 1993.

5) UPDATE ON FY 1993-94 BUDGET FOR DEPARTMENT OF PUBLIC HEALTH

This information was included in the Director's Report.

6) CONSIDERATION OF RESOLUTION DESIGNATING THE EXECUTIVE ADMINISTRATOR OF LAGUNA HONDA HOSPITAL AS THE APPOINTING OFFICER FOR LAGUNA HONDA HOSPITAL

Section 3.501 of the Charter provides that department heads shall act as the Appointing Officer under the Civil Service provisions of the Charter. This section also provides that, upon the Director of Public Health's recommendation and the approval of the Health Commission, the head of any institution or other subdivision of the department may be designated as the Appointing Officer for such institution or subdivision. The Executive Administrator of San Francisco General Hospital was designated as the Appointing Officer for that institution approximately thirteen years ago upon the approval of the Chief Administrative Officer, and again, upon the approval of the Health Commission when it was established in 1985.

Before his resignation as Director of Public Health, Dr. Raymond J. Baxter recommended that the Executive Administrator of Laguna Honda Hospital be designated as the Appointing Officer for the purposes of appointing, disciplining, and removing employees of Laguna Honda Hospital. Laguna Honda Hospital is a large institution which employs about 1,600 staff. Designating the Executive Administrator as the Appointing Officer would streamline personnel decision-making and increase administrative efficiencies. This designation would relieve the Director of Health from the requirement of having to review and approve all disciplinary actions at Laguna Honda Hospital.

Action Taken: The Commission adopted Resolution #21-93 (Attachment A).

7) CONSIDERATION OF A RESOLUTION RESPONDING TO THE STATE'S INTERIM PLAN FOR MEDI-CAL MANAGED CARE ENROLLMENT

Susan Ehrlich, Director of Budget and Planning, reported the following:

The State Department of Health's Strategic Plan for Managed Care provides for, under certain circumstances, enrolling MediCal Beneficiaries in managed care plans prior to implementation of the local initiative in March 1995. On July 15, 1993 the State released proposed maximum enrollment levels for managed care in this interim period. The County Board of Supervisors in each designated region has until August 15, 1993 to submit written comments to the State on the proposed maximum enrollment levels. San Francisco's proposed maximum enrollment level is 28,289, or 49% of all mandatory managed care MediCal aid categories in San Francisco. (It is not yet clear to us whether the enrollment level applies only to mandatory MediCal aid categories, or to the total MediCal aid categories).

The managed care Leadership Group, comprised of the West Bay Hospital Conference, the Community Clinic Consortium, the San Francisco Medical Society, and the Department of Public Health, has reached a tentative agreement regarding the County's proposed response to the State reflecting the concerns and recommendations offered in the attached resolution.

Action Taken: The Commission adopted Resolution #22-93 (Attachment B).

8) PRESENTATION OF THE ANNUAL REPORT OF HAZARDOUS MATERIALS ADVISORY COMMITTEE

Dr. Larry Meredith, Deputy Director of Operations, introduced Will Harris, Co-Chair of the Hazardous Materials Advisory Committee, who presented the FY 1992-93 annual report with 14 recommendations to continue to make San Francisco a safer environment for all citizens. Mr. Harris expressed the Advisory Committee's concern for future compliance requirements when the Toxics Division is losing revenue-generating positions.

President Jackson requested information on the ethnic composition of the Advisory Committee.

9) HEARING ON THE REPORT OF THE DEPARTMENT OF PUBLIC HEALTH TOBACCO-FREE PROJECT

Dr. Sandra Hernandez, Deputy Director for CPHS and AIDS, reported that no action is being requested today. The State may take some actions this month that would impact local ordinances. At a September meeting, the Department will recommend to the Commission proposed tobacco control policies from a public health perspective.

Alyonik Hrushow, Tobacco Control Project Coordinator, gave an overview of the Tobacco Free Project. The two priorities for tobacco control legislation are:

a) Smokefree worksites including bars, restaurants, night/dance clubs and public places; and

b) Licensing of tobacco sales, prohibiting tobacco advertising within a one-mile radius of schools and playgrounds and banning out-of-package cigarette sales.

The Tobacco Free Coalition, which consists of 46 members representing the diversity of San Francisco, has been developing potential legislation. The Coalition would like to have the following impact:

(1) Protect the public from involuntary exposure to environmental tobacco smoke, the third leading cause of preventable death, regardless of the individual's occupation or workplace. Currently, four cities in California have ordinances that have a 100% ban on smoking in restaurants and workplaces. An additional 13 California cities ban smoking in restaurants only, and 11 California cities ban smoking in workplaces only.

(2) Protect youth from the impact of tobacco advertising and promotion as well as better enforce the State laws against selling tobacco to minors through licensing of tobacco products and restrictions on advertising.

Public Speakers:

Kirk Kleinschmidt
Tamisha Jackson
Isabel Auerbach - Bar and Restaurant Employees Against Tobacco Hazards (BREATH).
Sam Murray, Director of New Bayview Committee and Director of People's Each Day Coalition.
Chung-Lo Kwan, owner of Sea Wo Wonton House.
Dr. Karl Kaussen, owner of Aubergine Restaurant.
Gloria Soliz, Lyon Martin Women's Health Services, Tobacco Free Coalition Chair, CLASH member.
Louisa Leung, Chinese Community Smoke Free Project
Javier Piedad, community health promoter and Mission resident.
Celina Echazaretta, UCSF Hispanic Smoking Cessation Project, Tobacco Free Coalition Governing Board member.
Carol Tatum, Bayview Hunter's Point Foundation and community organizer for legislative and media campaign.

President Jackson thanked the speakers for their testimony urging the Commission to support legislation promoting the priorities of the Coalition.

9A) DISCUSSION AND CONSIDERATION OF THE SEARCH PROCESS FOR THE POSITION OF DIRECTOR OF PUBLIC HEALTH

President Jackson announced that the Health Commission shall act as the Search Committee, with the President appointing a Screening Sub-Committee for initial paper-screening. The full Health Commission will interview the top candidates.

A search firm will be hired to assist in the search process. Community input will be included for priority characteristics of the candidates. Steps of the Search Process will include:

1) Publicize Job Announcement.
2) Identify Candidates.
3) Interview Candidates.
4) Mayoral Review and Input.
5) Health Commission's Selection of the Director of Public Health.

By consensus, the Commission approved the search process and authorized the President to select the the search firm.

10) OTHER BUSINESS/PUBLIC COMMENTS*

None.

11) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

Action Taken: The Commission approved the accrued compensatory time, per Department policy, for outgoing Director of Public Health, Raymond J. Baxter.

Action Taken: The Commission approved the salary for the Acting Director of Public Health, Florence Stroud.

Action Taken: The Commission discussed and approved the evaluation of its Executive Secretary.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-93

REGARDING DESIGNATION OF THE EXECUTIVE ADMINISTRATOR OF LAGUNA HONDA HOSPITAL AS THE APPOINTING OFFICER FOR LAGUNA HONDA HOSPITAL

WHEREAS, Section 3.501 of the Charter provides that Department Heads shall act as the Appointing Officer under the Civil Service provisions of the Charter for the appointing, disciplining and removal of such officers, assistants and employees as may be authorized; and

WHEREAS, Section 3.501 of the Charter further provides that, on the written recommendation of the Department Head concerned and the approval of the Chief Administrative Officer, Board or Commission to whom such Department Head is responsible, the head of any utility, institution, bureau or other subdivision of such department may be designated as the Appointing Officer for such utility, institution, bureau or other subdivision; and

WHEREAS, the designation of the Executive Administrator of Laguna Honda Hospital as the Appointing Officer would streamline personnel decision-making, increase administrative efficiencies, and would relieve the Director of Public Health from the requirement of having to review and approve all disciplinary actions at Laguna Honda Hospital; now, therefore, be it

RESOLVED, that the Health Commission, in accordance with Section 3.501 of the Charter, hereby approves the written recommendation of the Director of Health to designate the Executive Administrator of Laguna Honda Hospital as the Appointing Officer of that institution for the purposes of appointing, disciplining and removing employees.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 3, 1993.

Sandy Guye Mori

Sandy Guye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-93

ADVISING THE BOARD OF SUPERVISORS OF THE HEALTH COMMISSION'S CONCERNS REGARDING MAXIMUM ENROLLMENT LEVELS OF MEDI-CAL BENEFICIARIES PROPOSED BY THE STATE DEPARTMENT OF HEALTH SERVICES FOR THE MANAGED CARE MAINSTREAM PLAN IN SAN FRANCISCO

WHEREAS, the State Department of Health Services filed managed care emergency regulations (R-12-93) on May 14, 1993, concerning prepaid health plan and primary case management contracts in designated regions, including minimum MediCal beneficiary enrollment levels for each plan operating under the two-plan model in each region, and the maximum MediCal beneficiary enrollment level for the mainstream plan in each designated region; and,

WHEREAS, the regulations also state that the Department of Health Services will redetermine the maximum enrollment levels every two years and describe the process for local government input on the mainstream plan maximum enrollment levels; and,

WHEREAS, the Department of Health Services released proposed maximum enrollment levels for the mainstream plan on July 15, 1993, and the County Board of Supervisors in each designated region has 30 days from July 15, 1993 to submit written comments on the mainstream plan maximum enrollment levels in their counties to the Department; and,

WHEREAS, the proposed maximum enrollment level for the mainstream plan in San Francisco is 28,289, or 49% of all mandatory managed care MediCal aid categories in San Francisco, for the transition period prior to implementation of the two-plan model, set for March 1, 1995; and,

WHEREAS, the proposed maximum enrollment level does not constitute a guarantee of membership, as enrollment in managed care plans during the transition period will remain voluntary; and,

WHEREAS, the proposed maximum enrollment level for the mainstream plan of 28,289 beneficiaries means that 28,861 beneficiaries, or 51% of all beneficiaries in San Francisco in mandatory managed care aid categories, would remain as the local initiative allocation; now, therefore, be it

RESOLVED, that the Health Commission has grave concerns about the proposed maximum enrollment level for the mainstream plan, primarily because we oppose a dramatic enrollment of MediCal beneficiaries into managed care plans during the period while the local initiative is being developed as it substantially alters the landscape for planning, it provides a great competitive advantage to one provider, and the State is in effect breaking its good faith with the local initiative to support a reasonable planning process; and be it

FURTHER RESOLVED, that the City and County of San Francisco has concerns with the rationale used for setting maximum allocation, since paid disproportionate share days at 51% of the total days in the mandatory aid categories does not appear to be relevant in any way to the percent of enrollees that should be in the local initiative; and be it

FURTHER RESOLVED, that the City and County of San Francisco has concerns with the proposed maximum allocation because the mandatory categories which could be enrolled in the mainstream plan during the transition period represent the lowest cost MediCal beneficiaries, leaving the highest cost MediCal beneficiaries to be clustered with other providers, creating a great financial disadvantage to the remaining providers; and be it

FURTHER RESOLVED, that setting the maximum enrollment levels for the mainstream plan at 49% of mandatory MediCal aid categories is not consistent with the State Department of Health Services' own final Strategic Plan for the Transition of MediCal to Managed Care which states, on page 45, that "In practice, the Department expects to set a maximum enrollment for the mainstream plan at approximately 30-40% of the total MediCal managed care eligibles in most counties"; and be it

FURTHER RESOLVED, that we have established a policy in San Francisco that all providers should be enrolling *all* MediCal beneficiaries, not just the State's mandatory categories; and be it

FURTHER RESOLVED, that the Health Commission advises the Board of Supervisors to recommend to the State that the local initiative planning body should be given a chance to consider if, and how many, MediCal enrollees there should be in the interim period; and be it

FURTHER RESOLVED, that the Health Commission advises the Board of Supervisors to recommend to the State that the local initiative planning body should be given an opportunity to review and approve all applications to serve MediCal managed care beneficiaries during the interim period, and be it

FURTHER RESOLVED, that the Health Commission advises the Board of Supervisors to provide comment to the State Department of Health Services on the proposed maximum enrollment level of MediCal beneficiaries for the managed care mainstream plan in San Francisco, including our grave concerns and recommendations as stated in this Resolution; and be it

FURTHER RESOLVED, that the Health Commision advises the Board of Supervisors to send the attached letter to the State Department of Health Services as well, which contains further questions posed to the State.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 3, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
August 24, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 3, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) CHS - Children's Services - Family Mosaic Project - Request to apply for, accept and expend a new grant in the amount of $100,000 from the San Francisco Foundation to provide technical assistance and program development services to develop capitated service delivery models within three specific cultural communities for the period of September 1, 1993, to September 1, 1995, and three sole source requests with Richmond Area Multi Service Center, Bayview Hunters Point Foundation, Instituto Familiar de la Raza, for a combined amount not to exceed $90,000 for the period of September 1, 1993 to September 1, 1995. (DPH contracted with Richmond area Multi Service Center for services totaling $887,734; with Bayview Hunters Point Foundation for services totaling $6,824,080; and with Instituto Familiar de la Raza for services totaling $873,355 in FY 1992-93).

(3.2) CHS - Family Health - Request to apply for, accept and expend a continuation grant in the amount of $910,329 from the Centers for Disease Control to provide clinical and educational services for women at risk for HIV infection in non-traditional family planning settings for the period of September 30, 1993, to September 29, 1994 and modification of sole source and contract approval with UCSF in the amount of $144,632/year for the period of September 30, 1993 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,503,025 in FY 1992-93 exclusive of the Affiliation Agreement).

(3.3) CHS - AIDS - Contract modification with Haight Ashbury Free Medical Clinics, Inc., to reduce exisiting contract by $20,259 for a new total of $74,216. These funds are for the implementation and provision of a street-based HIV prevention intervention program targeting high-risk youth in the Haight Ashbury area of San Francisco, for the period April 15, 1993 through September 29, 1993. (DPH contracted with Haight Ashbury Free Medical Clinics for services totaling $5,063,764 in FY 1992-93).

(3.4) CHS - AIDS - Request to accept and expend a continuation grant in the amount of $477,323 from the Centers for Disease Control to continue the evaluation and enchancement of HIV/AIDS prevention street and community outreach programs that serve youth in high-risk situations (Youth SCOPE/AESOP Project), for the period of September 30, 1993 through September 29, 1994, and a contract renewal approval request for the Haight-Ashbury Free Clinic in the amount of $122,046 to provide street-based HIV prevention intervention services to high-risk youth in the Haight-Ashbury for the period of September 30, 1993, through September 29, 1994.

(3.5) CHS - AIDS - Disease Control - STD Control - Request to apply for, accept and expend a continuation grant in the amount of $799,929 from the Centers for Disease Control to design, implement and evaluate HIV counseling models for STD clinic clients for the period of September 29, 1993 to September 29, 1994.

(3.6) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $3,000,000 from the California Department of Health Services to continue funding the AIDS Drug Assistance Program for the period of November 1, 1993 through October 31, 1994.

(3.7) CHS - Homeless Programs - Request to apply for, accept and expend a new grant of up to $1,464,248 from the federal Community Substance Abuse Treatment/Bureau of Primary Health Care to provide integrated substance abuse and primary care treatment services for the October 1, 1993, through September 30, 1996

(3.8) CHS - EMS Agency - Request to apply for, accept and expend a new grant in the amount of $361,271 from the State Office of Traffic Safety to develop a traffic injury prevention program for the period of October 1, 1993 to September 10, 1996.

(3.9) C. O. - Toxics - Hazardous Waste - Sole Source Contract and Contract Modification with Treadwell & Rollo, Inc., in the amount of $50,000, to provide additional environmental assessments and remediation services for contaminated sites, for the period of August 27, 1993 through March 31, 1994. (DPH contracted with Treadwell & Rollo, Inc. for services totaling $100,000 in FY 1992-93).

(3.10) LHH - Request to apply for, accept and expend a new federal grant in the amount of $250,000 through the Mayor's Office of Community Development block grant funds to provide handicapped accessible ramps and toilet facilities at the two main entrances of the Hospital for a term which is to be specified at a later date.

(3.11) DMS - Administration - Request to approve the Mental Health Performance Contract for FY 1992-93 between the State Department of Mental Health and the Department of Public Health, Division of Mental Health and Substance Abuse.

(3.12) DMS - CSAS - Request for approval of a new site for use by Morrisania West, Inc. to implement a day treatment substance abuse program at 205-13th Street, San Francisco.

(3.13) DMS - CSAS - Request for approval of a new site for use by Potrero Hill Neighborhood House to implement a day treatment substance abuse program at 953 DeHaro Street, San Francisco.

(3.14) DMS - CSAS - Request for approval for Baker Places, Inc. to relocate its Baker New Place program to a new site at 1326 - 4th Avenue, San Francisco to continue the provision of residential substance abuse and HIV treatment services.

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS TO SUBMIT A LETTER OF INTENT TO DEVELOP A LOCAL INITIATIVE FOR MANAGED CARE**

6) **CONSIDERATION OF A RESOLUTION FOR A PROPOSED AMENDMENT TO THE ADMINISTRATIVE CODE ON ACCEPTANCE OF GIFTS TO DEPARTMENT OF PUBLIC HEALTH**

7) **CONSIDERATION OF APPROVAL OF TRAINING REGULATIONS PURSUANT TO THE SAN FRANCISCO VIDEO DISPLAY TERMINALS ORDINANCE**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

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ADDENDUM

TO

AGENDA

HEALTH COMMISSION MEETING
August 24, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following item will be added to the Budget Committee of the Health Commission meeting of August 24, 1993, starting at 2:00 p.m.:

(3.15 Consideration of a resolution to accept and expend a gift of $64,003.32 to the Patient Gift Fund of Laguna Honda Hospital.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Executive Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 24, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 3, 1993

Action Taken: The Commission adopted the minutes of August 3, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) CHS - Children's Services - Family Mosaic Project - Request to apply for, accept and expend a new grant in the amount of $100,000 from the San Francisco Foundation to provide technical assistance and program development services to develop capitated service delivery models within three specific cultural communities for the period of September 1, 1993, to September 1, 1995, and three sole source requests with Richmond Area Multi Service Center, Bayview Hunters Point Foundation, Instituto Familiar de la Raza, for a combined amount not to exceed $90,000 for the period of September 1, 1993 to September 1, 1995. (DPH contracted with Richmond area Multi Service Center for services totaling $887,734; with Bayview Hunters Point Foundation for services totaling $6,824,080; and with Instituto Familiar de la Raza for services totaling $873,355 in FY 1992-93).

(3.2) CHS - Family Health - Request to apply for, accept and expend a continuation grant in the amount of $910,329 from the Centers for Disease Control to provide clinical and educational services for women at risk for HIV infection in nontraditional family planning settings for the period of September 30, 1993, to September 29, 1994 and modification of sole source and contract approval with UCSF in the amount of $144,632/year for the period of September 30, 1993 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,503,025 in FY 1992-93 exclusive of the Affiliation Agreement).

Public Speaker: Edward Benner

(3.3) CHS - AIDS - Contract modification with Haight Ashbury Free Medical Clinics, Inc., to reduce existing contract by $20,259 for a new total of $74,216. These funds are for the implementation and provision of a street-based HIV prevention intervention program targeting high-risk youth in the Haight Ashbury area of San Francisco, for the period April 15, 1993 through September 29, 1993. (DPH contracted with Haight Ashbury Free Medical Clinics for services totaling $5,063,764 in FY 1992-93).

(3.4) CHS - AIDS - Request to accept and expend a continuation grant in the amount of $477,323 from the Centers for Disease Control to continue the evaluation and enhancement of HIV/AIDS prevention street and community outreach programs that serve youth in high-risk situations (Youth SCOPE/AESOP Project), for the period of September 30, 1993 through September 29, 1994, and a contract renewal approval request for the Haight-Ashbury Free Clinic in the amount of $122,046 to provide street-based HIV prevention intervention services to high-risk youth in the Haight-Ashbury for the period of September 30, 1993, through September 29, 1994.

(3.5) CHS - AIDS - Disease Control - STD Control - Request to apply for, accept and expend a continuation grant in the amount of $799,929 from the Centers for Disease Control to design, implement and evaluate HIV counseling models for STD clinic clients for the period of September 29, 1993 to September 29, 1994.

(3.6) CHS - AIDS - Request to accept and expend a continuing allocation in the amount of $3,000,000 from the California Department of Health Services to continue funding the AIDS Drug Assistance Program for the period of November 1, 1993 through October 31, 1994.

(3.7) CHS - Homeless Programs - Request to apply for, accept and expend a new grant of up to $1,464,248 from the federal Community Substance Abuse Treatment/Bureau of Primary Health Care to provide integrated substance abuse and primary care treatment services for the October 1, 1993, through September 30, 1996

(3.8) CHS - EMS Agency - Request to apply for, accept and expend a new grant in the amount of $361,271 from the State Office of Traffic Safety to develop a traffic injury prevention program for the period of October 1, 1993 to September 10, 1996.

(3.9) C. O. - Toxics - Hazardous Waste - Sole Source Contract and Contract Modification with Treadwell & Rollo, Inc., in the amount of $50,000, to provide additional environmental assessments and remediation services for contaminated sites, for the period of August 27, 1993 through March 31, 1994. (DPH contracted with Treadwell & Rollo, Inc. for services totaling $100,000 in FY 1992-93).

(3.10) LHH - Request to apply for, accept and expend a new federal grant in the amount of $250,000 through the Mayor's Office of Community Development block grant funds to provide handicapped accessible ramps and toilet facilities at the two main entrances of the Hospital for a term which is to be specified at a later date.

(3.11) DMS - Administration - Request to approve the Mental Health Performance Contract for FY 1992-93 between the State Department of Mental Health and the Department of Public Health, Division of Mental Health and Substance Abuse.

(3.12) DMS - CSAS - Request for approval of a new site for use by Morrisania West, Inc. to implement a day treatment substance abuse program at 205-13th Street, San Francisco.

(3.13) DMS - CSAS - Request for approval of a new site for use by Potrero Hill Neighborhood House to implement a day treatment substance abuse program at 953 DeHaro Street, San Francisco.

(3.14) DMS - CSAS - Request for approval for Baker Places, Inc. to relocate its Baker New Place program to a new site at 1326 - 4th Avenue, San Francisco to continue the provision of residential substance abuse and HIV treatment services.

Public Speaker: Anonymous Person

(3.15) Consideration of a resolution to accept and expend a gift of $64,003.32 to the Patient Gift Fund of Laguna Honda Hospital.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

COMMUNITY PUBLIC HEALTH SERVICES

- Memorial Services for Arthur Back: I am sad to report that Dr. Arthur J. Back, Director of the DPH Microbiology Laboratory passed away early last Friday morning at California Pacific Medical Center, Presbyterian Hospital. Dr. Back was hospitalized in intensive care for three weeks preceding his death.

  Dr. Back worked for SFDPH and served as the Director of the Microbiology Laboratory for 31 years. He was instrumental in implementing HIV testing, including anonymous testing for the Health Department.

  Dr. Back is credited for DPH receiving the federal grant for the renovation of the laboratory which has been taking place for the past two years and is almost finished. We regret he will not be here for the completion of the project for which he worked so devotedly. He will be sorely missed by his colleagues.

  A memorial service for Dr. Back will be held on Sunday, August 29 at 1:00 p.m. at the Lafayette - Orinda Presbyterian Church in Lafayette.

  Contributions for Dr. Back can be made to the IPF Registry/Merf. No. 560, at UC San Diego Medical Center, 200 West Arbor Drive, San Diego, CA 92103-8376.

President Jackson presented posthumously to Betty Gee, Assistant Director of the Laboratory, a special Certificate of Appreciation for Dr. Arthur M. Back. Ms. Gee expressed appreciation to the Commission in behalf of Dr. Back's family, fiance, and staff members of the Laboratory.

MANAGED CARE

- Update on Planning Efforts: On August 10, the Board of Supervisors' Health and Public Safety Committee heard and recommended adoption of the Health Commission's resolution advising the Board of Supervisors of the Commission's concerns regarding the State's proposed maximum enrollment levels of Medi-Cal beneficiaries into a managed care mainstream plan in San Francisco. On August 16, the full Board of Supervisors adopted a similar resolution expressing its concern. The Board's resolution and the Department of Public Health's letter regarding further questions and concerns, will be forwarded to the State in time to meet the deadline for comments.

  The Healthcare Leadership Group has completed the process for hiring a Project Director for the Local Initiative. The group selected Ms. Janie Tyre, most recently the Director of the Medi-Cal/Indigent Managed Care Project at Stanford University Medical Center. Ms. Tyre has extensive managed care experience, including experience in contract negotiation, financial analysis, information systems, and provider education for managed care systems. As she begins work on August 30, her first priority will be to convene the Steering Committee, the Program Advisory Committee, and the Beneficiary Committee.

  The State's timeline for managed care requires a Letter of Intent from the Board of Supervisors by September 30, 1993. In order to meet this deadline, a proposed resolution is on today's agenda for your consideration. This item will be heard by the Board of Supervisors' Health and Safety Committee on September 14, 1993.

PERSONNEL ISSUES

- Civil Service Staff Meeting: On August 18, the DPH Executive and personnel staff met with Mr. Wendell Pryor, General Manager and several staff of the Civil Service Commission to discuss mutual concerns related to the layoffs, downgrades, bumping, and reassignments that resulted from DPH budget cuts.

  The meeting gave DPH staff the opportunity to inform CSC staff about the Department's budget process and the consequences of the cuts, particularly the administrative reductions. A number of positive proposals were discussed to better assist DPH with planning for anticipated budget cuts in the next fiscal year. The DPH Executive Staff and Civil Service staff will continue to meet and work together cooperatively.

  The Executive Staff is also working with the Civil Service staff and the DPH EEO Unit on developing transition training resources to assist all DPH staff to cope with the aftermath of the staff reductions, personnel changes and reassignments, and increased work loads.

- Budget and Planning Staff Resignation: On August 19, Deborah Alvarez-Rodriguez submitted a letter of resignation as Assistant Director of Budget and Planning, effective Friday, September 10.

Ms. Alvarez has accepted a position as Executive Director of the Center for Collaborative Change. The Center's primary goal is to facilitate collaboration among the major partners and programs working in the San Francisco Unified School District in the areas of leadership and professional development, organizational development, resource alignment, and school site coaching.

Ms. Alvarez has worked for the Health Department for the past five years, initially as the planner for Community Substance Abuse Services, and for the past two years as the Assistant Director of Budget and Planning. She was instrumental in establishing the Department's annual budgeting system and has worked many long days on one of the most difficult financial crisis this Department has faced. Debbie has made a major contribution to DPH and will be greatly missed by her colleagues. We wish her every success in her new position.

- Violence Against DPH Staff: The Department has formed a committee chaired by Dr. Larry Meredith to explore ways to increase safety for DPH staff and clients throughout the Department. Recently there have been a number of reported incidents of violence against DPH staff and safety for our employees and clients is increasingly an issue. The following incidents were reported within the past 2 months:

    - Two employees, in separate incidents, were victims of armed robberies outside the Potrero Hill Health Center.
    - A female clerk at Health Center #2 was seriously assaulted at work by a former relative.
    - The husband of a clerk working on a Saturday afternoon at 101 Grove was assaulted at the front entrance.
    - A client barricaded himself and staff inside the Chinatown Northbeach Center requiring law enforcement intervention.
    - Two program sites (Dolores Hotel and Mission Day Treatment) were victims of random gunfire.

    The DPH Committee will establish procedures for conducting physical plant surveys to recommend small capital improvements for security, develop training sessions in personal safety, and establish reporting requirements for staff who become victims of crime.

DPH EMERGENCY RESPONSES

- Update on 101 California Incident: Following the tragic incident at 101 California Street on July 1, Admiral Bitoff, Director of the Mayor's Office of Emergency Services was directed by the Mayor to inquire into all aspects of the Police Communication 911 Dispatch System operated by the City and County of San Francisco. Admiral Bitoff's report was released publicly by the Mayor on Friday, August 13, a copy of which is available in the Health Commission office. This report makes 27 recommendations for improving the 911 system. In addition, internal investigations are being conducted by the San Francisco Police Department and the Department of Public Health, Paramedic Division relative to their respective involvement with the 101 California incident. The SFPD report is scheduled to be presented to the Mayor during the week of August 23; the DPH report was presented to the Mayor on Monday, August 23.

The Board of Supervisors, Health, Public Safety and Environment Committee has held a series of meetings to examine the many aspects of the 101 California incident and the activities of the primary responders SFPD, DPH and Fire Department. On Monday, August 16 the Board approved a resolution "commending and honoring the police and paramedics at the scene of the 101 California incident for their distinguished service during the tragedy".

At this same meeting, Supervisor Maher sought approval for the issuance of a subpoena to the Chief of Police, Fire Chief, and Director of Health to produce audio recordings and written material related to the incident at 101 California. The item was referred to the Board's Rules Committee for consideration on August 23. I forwarded a written response to the Board of Supervisors stating a summary chronology of 911 calls involving Paramedic dispatch is included in the DPH report to the Mayor. The letter indicated the time and staff requirements the Department will need to provide tapes, transcripts or other written summaries and requested the subpoena be amended to delete confidential medical information.

The DPH review of the Paramedic Division and its personnel indicates that overall they did an outstanding job, exhibited great courage, initiative, skill and professionalism. Paramedics are not trained, equipped or protected for tactical EMS operations, nor are they expected to provide such service. Their role by policy has always been to provide emergency medical care only after the scene is secured by police. Paramedics are not included in the City Charter as public safety officers as are police, fire, and other safety personnel and have none of the death benefits provided to police officers and fire fighters. Despite these facts, the paramedics responded courageously and without protective equipment and accompanied police into unsecured forward areas to begin treatment of victims.

- DPH Response to Fire at Geneva Towers: On Saturday, August 14, Paramedic units responded to the fire at Geneva Towers. In all, seven ambulances were sent the scene (including one private). Eleven firefighters were transported. The first call by Police Dispatch requested ambulance standby, followed in 3 minutes by Fire Dispatch for ambulance standby. Two minutes later, an ambulance was dispatched Code 3 and arrived on the scene within 10 minutes of Police Dispatch standby call, and 7 minutes after Fire Dispatch standby call. The ambulances were in place at the scene before the first patients were removed from the building.

On Monday, August 16 following the Saturday fire, a public health nurse from Health Center #3 called the social worker at Geneva Towers to see if there was any need to send clinical staff that day. The social worker indicated there was no immediate need, but would contact the Health Center if the need arose.

Unrelated to the fire, Health Center #3 had planned an open house at the Geneva Towers clinic for children and youth on August 31.

PUBLIC MANAGERIAL EXCELLENCE AWARDS

- 1992-93 DPH Nominations: The annual Public Managerial Excellence Awards recognizing significant achievements by city managers will be presented at an awards program and luncheon on November 5. The program is sponsored by the Mayor's Fiscal Advisory Committee (MFAC), the San Francisco Planning and Urban Research Association (SPUR), and the San Francisco Chamber of Commerce.

  Five awards of $1,200 will be given to managers who have demonstrated outstanding leadership and performance during the 1992-93 fiscal year. This year, I am pleased to announce that six Department of Public Health managers have been nominated for the awards. The nominees are:

  Susan Ehrlich, Director of Budget and Planning,
  DPH Administration
  Galen Wang Ming Leung, Chief of Business Service,
  Community Public Health and AIDS Office
  Sharon Kennison, Assistant Administrator for Patient Finance,
  San Francisco General Hospital
  Cynthia Bautista, Supervising Fiscal Officer, Central Office
  Donna Burchard, Assistant General Service Manager,
  Laguna Honda Hospital
  Wayne Clark, Ph.D., Director of Substance Abuse Services,
  Division of Mental Health and Substance Abuse

  AIDS Office: Last week a series of articles appeared about CAL-PEP, an agency under contract with the Department of Public Health, AIDS Office, to provide HIV prevention and education to prostitutes. The article indicated that there was a close personal relationship between the CAL-PEP Board President and the Executive Director and Finance Director.

  If this arrangement is true, it is in conflict with the rules governing nonprofit organizations. Therefore, the AIDS Office sent a letter to CAL-PEP requesting immediate resolution. If a personal relationship exists between Board President and staff it is our expectation that either the Board President or both the Executive Director and the Finance Director resign.

  The AIDS Office has also completed a full monitoring of CAL-PEP which will be forwarded to the Health Commission as soon as we have received CAL-PEP's response. We understand that Alameda County, where CAL-PEP's main office and operations is located, will be conducting a full investigation of the organization.

- New Community Oriented Primary Care Director Named: Effective Wednesday, August 18, Robert Prentice, Ph.D. was appointed to the new position of Director, Community Oriented Primary Care. Dr. Prentice will also continue his current responsibilities as Director of Homeless Programs at least until his successor in that role is hired. We congratulate Bob on his new position and feel assured that his many talents will be put to good use.

Educated at Michigan State University, Bob started with SFDPH in 1982 as a health program planner, then worked as a program analyst and, later, as Director of the MIA Program. After a brief interruption as the Mayor's Coordinator of Homeless Programs from 1988 to 1990, Bob returned to DPH as Director of Homeless Programs.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Transbay Terminal Closure: DMS staff, Wayne Clark and Larry Cruz are part of an interagency collaboration with DSS, Housing Authority, and the Mayor's Office to develop both short and long term service delivery strategies in response to the Transbay Terminal closure. The immediate response was the development of DMS outreach and assessment services and a dedicated bed capacity at different levels of care for the homeless mentally ill and substance abuser. Longer range efforts include development of a full service continuum dedicated to the homeless and development of several grant proposals.

- Cluster Implementation: The cluster model was implemented on July 1. Four Adult Integrated Services Centers have been identified and will serve as the Single Point of entry, assessment centers, and the site for the development of an individualized coordinated plan for target population patients. While there are many complex technical and procedural problems, providers are collaboratively working together to problem solve issues. A more formal report to the Commission will be presented in October.

- Mental Health Board/Office of Self Help: The Division's Office of Self Help christened the arrival of a newly purchased van on August 18. I attended the celebration of this milestone event with consumers, family members, providers, and DMS management. The van will be used to transport family member's to Napa State Hospital or other skilled nursing facilities throughout the Bay Area. Other client related transportation needs will also be served. This is a consumer planned and operated project.

BUREAU OF ENVIRONMENTAL HEALTH

- Hotel Workshop: On August 18, the Bureau hosted a Workshop for Hotel Owners/Operators for the purpose of developing a partnership in providing habitable and environmentally safe housing in residential hotels. The workshop focused on the shared responsibilities of the Department of Public Health, Public Works, Social Services, Fire, Police, the Mayor's Office, Board of Supervisors, City Attorney's Office, the hotel industry and concerned business people of the Tenderloin. Based on the good attendance, participation and positive comments of the attendees, the workshop was very productive. Special thanks to Principal Inspector Johnson Ojo and Senior Inspector Ed Walsh for their efforts and contributions towards the development and coordination of the workshop. I had the pleasure of introducing Supervisor Barbara Kaufman who opened the workshop. Supervisor Kaufman recently held a public hearing on health and building code enforcement in the hotels that provide housing for General Assistance recipients.

JULY STATISTICS

- AIDS Statistics (from 7/1/81 to 7/31/93)

Total San Francisco cases:	17,223
Total San Francisco deaths:	11,036
Total S.F. cases for June:	331*
Total S.F. deaths for June:	168

*Includes 269 cases meeting the new definition of AIDS. Includes nonresidents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	266
Newborn Nursery:	17
Actual Patient Days (except newborns):	8,232
Newborn Nursery:	532
Admissions (except newborns):	1,405
Newborn Nursery:	158
Average Length of Stay (except newborns):	6
Newborn Nursery:	3
Discharge Patient Days (except newborns):	8,941
Newborn Nursery:	439
Discharges (except newborns):	1,433
Newborn Nursery:	159

Outpatient Visits

Primary Health	
Family Health:	2,767
General Medicine:	1,950
Pediatric:	2,413
OB/GYN:	2,643
Specialty Clinics:	10,076

Emergency Visits

Emergency Room:	5,237
Psychiatric Emergency Services:	N/A

- Laguna Honda Hospital

Average Daily Census:	1,117
Acute Services:	9
Clarendon Hall:	163
AIDS SNF:	9

- Mental Health

SFGH/Acute Psychiatric Beds:	78
(10 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	993
Health Center #2:	305
Health Center #3:	862
Health Center #4:	1,061
Health Center #5:	973
Tom Waddell Clinic:	2,893
Potrero Hill Health Center:	528
Southeast Health Center:	625
Special Programs for Youth:	2,626
TOTAL VISITS:	10,866

Disease Control

TB Clinic:	1,871
City Clinic:	1,486

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 7/31/93			Year to Date		
	1991	1992	1993	1991	1992	1993
AIDS*	131	123	318**	1185	1099	3564**
Campylobacteriosis	71	51	65	455	402	379
Giardiasis	17	20	23	190	166	157
Hepatitis A	24	13	15	137	246	123
Hepatitis B	2	6	2	44	52	41
Salmonella	9	15	15	106	94	111
Shigella	25	22	19	153	154	126
TB	19	24	24	192	212	209
Gonorrhea	216	173	149	1893	1592	1333
Syphilis	40	24	11	415	238	93

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

5) CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS TO SUBMIT A LETTER OF INTENT TO DEVELOP A LOCAL INITIATIVE FOR MANAGED CARE

Susan Ehrlich, Director of Budget and Planning, reported that the managed care Leadership Group, comprised of the Department of Public Health, the West Bay Hospital Conference, the Community Clinic Consortium, and the S.F. Medical Society have all participated in developing the proposed resolution, which reflects the development for a Local Initiative for managed care in the City and County of San Francisco.

Ms. Ehrlich stated that the State Department of Health Services' Strategic Plan for managed care requires that Boards of Supervisors in regions designated for expansion submit to the Department of Health Services by September 30, 1993 a formal Letter of Intent to develop a Local Initiative for a managed care system. The letter must reflect a commitment to satisfy the contracting criteria outlined in the State's Plan, and must contain certain essential components as outlined in a memorandum from the Department of Health Services on August 6, 1993. This formal Letter of Intent follows the first Letter of Interest sent to the State for their June 30, 1993 deadline, and meets the second deadline required by the State for continued participation in managed care planning.

Ms. Ehrlich pointed out the most recent definition of "safety net provider" means any provider or comprehensive primary care or acute hospital inpatient services that provides these services to a significant number of medically indigent patients in relation to the total number of patients served by the provider.

The letters of support indicated in the resolution will be forthcoming.

Action Taken: The Commission adopted Resolution #24-93 (Attachment A).

6) CONSIDERATION OF A RESOLUTION FOR A PROPOSED AMENDMENT TO THE ADMINISTRATIVE CODE ON ACCEPTANCE OF GIFTS TO DEPARTMENT OF PUBLIC HEALTH

Larry Funk, Laguna Honda Hospital Administrator, presented a resolution on behalf of all Divisions in the Department of Public Health relating to the acceptance of gifts. Mr. Funk reported that under the existing Administrative Code, the Department must receive approval of the Health Commission and the Board of Supervisors for all gifts in value of $5,000 or more. The number of gifts received requires the Department to invest unnecessary and nonproductive administrative staff time in preparing approval documents for the Board of Supervisors, and making appearances before Board Committees. These gifts are routinely approved for acceptance by the Board of Supervisors. In addition, the monetary value of the gift acceptance threshold has not been raised for many years. In the spirit of making government operations more efficient, it is prudent to raise the monetary limit for acceptance of gifts requiring Board of Supervisors' approval to $25,000 with an annual 5% inflation factor. The resolution increases the gift acceptance limit and maintains appropriate financial accountability and reporting requirements. The resolution will vest authority in the Health Commission for accepting gifts less than $25,000. Once approved by the Health Commission, this resolution will also require approval of the Board of Supervisors and the Mayor.

Action Taken: The Commission adopted Resolution #23-93 (Attachment B).

7) CONSIDERATION OF APPROVAL OF TRAINING REGULATIONS PURSUANT TO THE SAN FRANCISCO VIDEO DISPLAY TERMINALS ORDINANCE

Dr. Larry Meredith, Deputy Director of Operations, provided background information.

The San Francisco Video Display Terminal Ordinance was passed in December 1990 and became effective on January 1991. In February 1992, the Superior Court of California ruled that the ordinance was not valid for private businesses in San Francisco but could still be enforced for employees of the City and County of San Francisco. The ordinance directed the Director of the Department of Public Health to "adopt regulations setting forth an employer's duties to furnish operators and their supervisors with information and training about health and safety concerns associated with the use of video display terminals." The ordinance listed specific guidelines to be included. Due to the Court ruling invalidating the ordinance for private businesses, it was not clear if the Director still needed to draft training regulations. The question was directed to the City Attorney's Office. They stated that training regulations would be needed to set training standards and timeframes for City Departments.

The staff of the Bureau of Toxics, Health and Safety Services, who are responsible for enforcement of the ordinance, drafted the training regulations. The City Attorney's Office reviewed the regulations. The VDT Advisory Committee provided recommended changes and approved the regulations on July 28, 1993.

City Departments will have to comply with these regulations. No specific penalties are mentioned, but Departments which do not comply will be reported to the Mayor's Office.

A representative of the VDT Advisory Committee recommended to the Health Commission approval of the training regulations.

Action Taken: The Commission approved the proposed training regulations for the San Francisco VDT Ordinance.

A copy of the training regulations is available in the Commission Office.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

The Commission met with the search firm, The Alexander Group, which was selected by President Jackson, as authorized by the Commission, to conduct a search for the new Director of Public Health.

The timeline of the search will be:

August/September:	Develop and disseminate job announcement. Public input on priority characteristics of candidates.
September/October:	Identify candidates.
October 15, 1993:	Deadline for applicants.
October:	Interview candidates.
November:	Mayoral review and input. Health Commission's selection of the Director of Public Health.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-93

URGING THE BOARD OF SUPERVISORS TO SEND A FORMAL LETTER OF INTENT TO THE DEPARTMENT OF HEALTH SERVICES IN ORDER FOR THE CITY AND COUNTY OF SAN FRANCISCO TO DEVELOP A LOCAL INITIATIVE FOR A MANAGED CARE SYSTEM

WHEREAS, the State Department of Health Services released their Final Strategic Plan, "The Department of Health Services' Plan for Expanding MediCal Managed Care", on April 2, 1993 designating San Francisco as one of thirteen counties for managed care expansion, providing the Board of Supervisors with the option of participating in the development of a local initiative; and

WHEREAS, the State's Plan requires that Boards of Supervisors in regions designated for expansion submit to the Department of Health Services' by September 30, 1993 a formal Letter of Intent, reflecting a commitment to satisfy the contracting criteria outlined in the Plan, and containing certain essential components as outlined in the Department's memorandum of August 6, 1993; and

WHEREAS, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 412-93 on June 1, 1993 advising the State Department of Health Services of the City and County of San Francisco's interest in maintaining its options under the State's managed care initiative, and endorsing a planning process for implementation proposed by the Healthcare Leadership Group, made up of the Department of Public Health, the West Bay Hospital Conference, the San Francisco Medical Society, and The San Francisco Community Clinic Consortium; now, therefore, be it

RESOLVED, that the City and County of San Francisco intends to develop a Local Initiative under the two-plan model described in the Department of Health Services' Strategic Plan under the authority of Section 14087.54(a) of the Welfare and Institutions Code which allows any county or counties to "establish a special commission in order to meet the problems of the delivery of publicly assisted medical care in the county or counties and to demonstrate ways of promoting quality care and cost efficiency"; and, be it

FURTHER RESOLVED, that the City and County of San Francisco has included and will continue to include safety net providers and other affected stakeholders in our planning process, as evidenced by the composition of the Steering, Program Advisory, and Beneficiary Committees which comprise the planning and developmental structure for the local initiative; and, be it

FURTHER RESOLVED, that the City and County of San Francisco adopts the State Department of Health Services' definition of safety net provider, which states: "safety net provider means any provider or comprehensive primary care or acute hospital inpatient services that provides these services to a significant number of medically indigent patients in relation to the total number of patients served by the provider", and grants the authority to the Local Initiative Steering Committee to revise this definition if it so chooses, when it convenes; and, be it

FURTHER RESOLVED, that the City and County of San Francisco has established a Local Initiative Steering Committee and two Advisory Committees as the interim structure for the development of a Local Initiative; the final governing structure for the Local Initiative will be similar to this current structure, which has broad representation of all interested stakeholders in the City and County of San Francisco; and, be it

FURTHER RESOLVED, that there exists broad based community support in San Francisco from providers, beneficiaries, local government, and other community interests for the developmental structure established, and for the plans for managed care as they currently exist, as evidenced by he attached letters of support from a wide range of representatives; and, be it

FURTHER RESOLVED, that the City and County of San Francisco makes a commitment to the State Department of Health Services to adhere to the standards and requirements for managed care as described in the State's Strategic Plan, contingent on the regulations that will be released by the State for the implementation of the Plan; and, be it

FURTHER RESOLVED, that the City and County of San Francisco intends to develop the local initiative within the timetable as established in the State's Plan; the Healthcare Leadership Group (see Fact Sheet), convened in September 1992, will continue to meet until the Steering Committee and the two Advisory Committees are convened in October of 1993; in order to continue the work of developing a Local Initiative and a detailed managed care plan; and, be it

FURTHER RESOLVED, that it is the intent of the City and County of San Francisco to create a separate legal entity to serve as the agency responsible for implementing the local initiative, the governing body which is referred to herein as the Steering Committee; and, be it

FURTHER RESOLVED, that it is the intent of the City and County of San Francisco that the Memorandum of Understanding with the State Department of Health Services, as described in the Plan, will be entered into by this separate legal entity, with the Chair of the Steering Committee serving as signatory, unless the State Department of Health Services requires the signature of the Board of Supervisors, in which case the City and County of San Francisco would require a minimum of eight weeks to provide the State with a signature; and, be it

FURTHER RESOLVED, that the City and County of San Francisco reiterates its appeal to the State Department of Health Services for funding from the State to assist in the development of a local initiative in order to assist in meeting extremely tight deadlines; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to send a formal Letter of Intent to the Department of Health Services, in the form of a resolution, reflecting the issues and responses stated here, in order for the City and County of San Francisco to develop a Local Initiative for a managed care system.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 24, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 23-93

APPROVING AN AMENDMENT TO THE SAN FRANCISCO ADMINISTRATIVE CODE RELATING TO THE ACCEPTANCE OF GIFTS

WHEREAS, from time to time gifts, donations, and contributions of money and personal property are made for the general benefit and comfort of the patients of the Department of Public Health; and

WHEREAS, the Administrative Code currently provides that all gifts made to San Francisco General or Laguna Honda Hospitals in value or amount of $5,000 or more must be accepted by the Board of Supervisors; and

WHEREAS, obtaining acceptance from the Board of Supervisors of small gifts is unnecessarily costly in terms of administrative time and overhead; and,

WHEREAS, most gifts made to divisions of the Department of Public Health are smaller than $25,000 in value or amount; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the amendment to the Administrative Code, which allows for the Health Commission to accept gifts or less than $25,000 in value or amount, such amount to be increased by five percent (5%) each fiscal year beginning July 1, 1994; and further recommends it for approval to the Board of Supervisors and the Mayor of the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 24, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
September 21, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 24, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) Department of Public Health FY 1992-93 Closing Financial Report.

(3.2) Administration - Budget & Planning - - Approval of a resolution to accept and expend recurring Fiscal Year 1993-94 State of California grant funds.

(3.3) CHS-AB75 Request to apply for, accept and expend a grant allocation in the amount of $10,782,909 from the State Department of Health Services through its California Healthcare for Immigrants Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the period of July 1, 1993 through June 30, 1994.

(3.4) CHS - EMS Agency - New contract with CHORAL Software Systems, Inc. in the amount of $280,000 for a hospital communications system for the period of five years from Controller date of certification of the contract.

(3.5) DMS - CMHS Renewal contract with Oakes Children Center in the amount of $227,811 per year to provide day care services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Oakes Children Center for services totaling $209,811 in FY 1992-93).

(3.6) DMS - CMHS - Renewal contract with San Francisco Suicide Prevention, Inc. in the amount of $98,377 per year to provide community outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with San Francisco Suicide Prevention, Inc. for services totaling $301,995 in FY 1992-93).

(3.7) DMS - CMHS - Modification of contract with Westside Community Mental Health in the amount of $130,000 to fund unexpected costs incurred to Mental Health programs for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Westside Community Mental for services totaling $3,781,615 in FY 1992-93).

4) DIRECTOR'S REPORT
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) UPDATE ON MANAGED CARE

6) CONSIDERATION OF A PUBLIC HEALTH RESOLUTION ON SMOKING POLLUTION CONTROL

7) OTHER BUSINESS/PUBLIC COMMENTS*

8) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $30,000 FOR LUELLA SHANAHAN ET AL, V. CCSF, USDC #C92-4067 MHP (SFGH)

EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $25,000 FOR ROSALEE FOLGER ET AL, V. CCSF, SUPERIOR COURT #943-461 (SFGH)

EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION"

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 21, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:35 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Melinda L. Paras

Absent: Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 24, 1993

Action Taken: The Commission adopted the minutes of August 24, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Department of Public Health FY 1992-93 Closing Financial Report.

Commissioner Kaufman requested information on the impact of early retirement in the Department.

(3.2) Administration - Budget & Planning - - Approval of a resolution to accept and expend recurring Fiscal Year 1993-94 State of California grant funds.

Commissioner Jackson requested this same procedure be used with the Health Commission.

(3.3) CHS-AB75 Request to apply for, accept and expend a grant allocation in the amount of $10,782,909 from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the period of July 1, 1993 through June 30, 1994.

(3.4) CHS - EMS Agency - New contract with CHORAL Software Systems, Inc. in the amount of $280,000 for a hospital communications system for the period of five years from Controller date of certification of the contract.

Public Speaker: Edward Benner

(3.5) DMS - CMHS Renewal contract with Oakes Children Center in the amount of $227,811 per year to provide day care services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Oakes Children Center for services totaling $209,811 in FY 1992-93).

Commissioner Jackson pointed out the decrease in the ethnic composition of the contractor's Board of Directors.

(3.6) DMS - CMHS - Renewal contract with San Francisco Suicide Prevention, Inc. in the amount of $98,377 per year to provide community outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with San Francisco Suicide Prevention, Inc. for services totaling $301,995 in FY 1992-93).

(3.7) DMS - CMHS - Modification of contract with Westside Community Mental Health in the amount of $130,000 to fund unexpected costs incurred to Mental Health programs for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Westside Community Mental for services totaling $3,781,615 in FY 1992-93).

The Department stated that this request is neither common practice nor precedent-setting and is based on the unique circumstances indicated in the Department's Report.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

MANAGED CARE

- Update on DPH Planning Efforts: Yesterday the Board of Supervisors voted unanimously to approve the City and County of San Francisco's formal letter of intent to form a local initiative for Medi-Cal managed care. This will allow the City to submit the letter by the deadline of September 30, 1993. As presented to you at the last Commission meeting, the letter states the Department's intent in the areas of community participation, governance, meeting state timelines, and conforming to the State's plan.

  The City's managed care steering committee will hold its first meeting on Wednesday, October 6 from 5:45 - 9 p.m. at the San Francisco Medical Society building at 1409 Sutter Street. This is the first step in the City's all-inclusive planning process to establish a managed care local initiative for Medi-Cal beneficiaries. The steering committee's charge

will be to submit to the State a draft plan by March, 1994, and ultimately to establish the local initiative by March, 1995. Department staff have also had a number of meetings with the Ad Hoc Budget Committee to formulate recommendations to the steering committee on the composition of the program committee, which will make policy and program recommendations on the managed care plan to the steering committee. The Department will continue to keep you regularly informed about the proceedings in these committees.

FY 1992-93 DPH BUDGET REPORT

- Closing Financial Report: At the Commission's Budget Committee today, the Department submitted the closing financial report from the 1992-93 fiscal year. Based on the Department's best estimate, DPH ended the year in a net positive position of $4.5 million, or about 1 percent of its revised expenditure budget. This is the net result of lower than expected revenues that the Department more than covered by aggressively managing expenditures.

  Revenues were below target by about $20 million, or 4 percent of the revised revenue budget, primarily due to lower than expected patient census and higher than expected decertified days at San Francisco General Hospital. In order to accommodate the loss in revenues, the Department underspent its budget by about $25 million, or 4 percent of the revised expenditure budget. These savings were about equally divided between personnel and contractual services. This net positive result reflects the Department's commitment to regularly and closely monitor and manage the budget, even under difficult circumstances.

SB 855 FUNDS

- Disproportionate Share Payment Program: Yesterday, Supervisor Carole Migden introduced a resolution for immediate adoption that would allow the City and County to participate in an expansion of the SB 855 program just recently authorized by the Federal government and the State Legislature.

  As you know, SB 855, the Disproportionate Share Payment Program authorized by the State in 1991, expanded Medi-Cal funds available for hospitals that provide "disproportionate" amounts of service to Medi-Cal and indigent patients. Local governments transfer funds to the State and the State uses these funds to match federal funds to make payments to disproportionate share providers. San Francisco General Hospital is one of these providers.

  The program has operated under a "cap", that is, the total size of the program could be no greater than 12 percent of the total state Medi-Cal program. Recent state and federal actions changed the definition of that cap to allow additional local transfers and federal matching funds for the 1991-92, 1992-93, and 1993-94 fiscal years.

  The State Department of Health Services wants to move very quickly to complete the funding for the 1991-92 and 1992-93 fiscal years. The Department received a letter last week that requires the City and County to transfer approximately $15.9 million within ten days. DPH has sufficient funds to make that transfer in the budget but those funds are budgeted for 1993-94. The resolution approved by the Board of Supervisors will allow the Controller to use these funds to make the transfer for 1991-92 and 1992-93.

DPH will need additional expenditure authority in the very near future to be able to make the remainder of the required 1993-94 payments. A supplemental will be calendared for the October 5 Health Commission meeting in order to make these payments.

Through this program, DPH anticipates San Francisco General Hospital will receive approximately $25.3 million in payments, thus providing funds for the transfer and approximately $9.4 million in additional funds for health services. The Department will work closely with the Health Commission, the Mayor's Office and the Board of Supervisors to craft the supplemental appropriation for these funds.

STATE LEGISLATION

- Update on 1993 Legislative Session: The State Legislature adjourned last week and will reconvene on January 3, 1994 from its Interim Study Recess. September 10, 1993 was the last day that bills were passed during the first half of the two year legislative cycle. The Governor has until October 10, 1993 to sign or veto bills passed by the Legislature. Statutes take effect on January 1, 1994. SFDPH took positions on numerous bills this session, a complete legislative review will be provided in November. The following is an interim report on the status of pending bills:

  - AB 13 (Friedman) and AB 996 (Tucker) were competing bills designed to establish public and workplace smoking regulations - both will be two year bills.

  - SB 1016 (Hughes) to stabilize funding for the Poison Control Centers. Two year bill, last heard in the Assembly Committee on Revenue and Taxation.

  - SB 463 (Bergeson) redefines the base and distribution formulas for realignment. Signed by the Governor.

  - AB 260 (Brown) and SB 1048 (Watson) to establish a clean needle and syringe exchange program. AB 260 was sent to the Governor. SB 1048 was held in Committee.

  - AB 1433 (Margolin) provides for flexibility in calculating Maintenance of Effort. Signed by the Governor.

  - SB 1082 (Calderon) unifies the hazardous waste program - sent to the Governor.

  - SB 1741 (Bates) allows pilot program counties to blend various children's services funds into a county child and family services fund - sent to the Governor.

NATIONAL HEALTH REFORM

- Clinton Health Plan: The Department has received advance copies of the President's health care reform proposal that will be officially announced tomorrow. The Department is in the process of reviewing the document and will report on the plan in the next Director's Report.

CONTROLLER'S LAUNDRY AUDIT

- DPH Laundry Operations: The Controller's Audits Division recently concluded its audit of laundry operations of the City and County. Laguna Honda Hospital and San Francisco General Hospital laundry operations were included in the audit along with three other City departments that have laundry facilities, Sheriff, Department of Social Services and Juvenile Probation. The report discusses how City Departments meet their laundry needs, and the cost-efficiency of operations. To improve the long-term efficiency of the City's laundry operations, the report makes the following recommendation:

  - The Mayor provides the Chief Administrative Officer with the authority to establish a laundry planning team, composed of City administrators with laundry responsibilities, to create a multiyear plan specifying how the City will coordinate, consolidate, or contracts out its laundry operations.

  The Mayor's Office has indicated this authority will be provided, and the CAO's staff will establish the laundry planning team. Both San Francisco General and Laguna Honda Hospitals will participate in the Citywide planning effort to examine the most cost effective means of providing linen services to City agencies in the future.

  The audit indicates the amount of laundry SFGH reports processing is excessive when compared to a national average for hospitals. The hospital has now obtained a scale and the laundry is recording actual weights rather than the previous method of daily counts of laundry items and the use of a conversion table to calculate the total weight of the items counted. A two month sample is needed to account for month to month variations and the average weight of laundry per patient day will be available in mid-October. The hospital can then provide a cost analysis between replacing the current equipment which is near the end of it's useful life, or contracting out for laundry services.

  Laguna Honda Hospital used the CAO's lease/purchase plan to improve its laundry operation and new equipment was acquired in 1992.

EMERGENCY MEDICAL SERVICES AGENCY

- Resignation of Medical Director: Dr. Jim Pointer, Medical Director of the Emergency Medical Services Agency, has resigned his position effective November 1, 1993 and is moving to Florida where he will practice emergency medicine and work with the EMS system in Broward County.

  Dr. Pointer joined DPH in 1988, at a time when the EMS System was in a state of turmoil, with problems including ambulance response time and diversion of patients from intended hospitals. Under Dr. Pointer's strong direction and leadership many of these problems are now resolved. Among his significant accomplishments are the designation of receiving hospitals, implementation of first responder, basic life support, advance life support and medical dispatch standards and the designation of SFGH as a Level I Trauma Center. His success in bringing together the many different agencies and organizations involved in the delivery of EMS in San Francisco has built a strong foundation to deal with the challenges facing EMS in the 90's. We thank Dr. Pointer for his many contributions to improve the quality of emergency medical services in San Francisco and wish him and his family well as they start a new life in Florida.

The Commission is invited to join in a party honoring Dr. Pointer on Wednesday, October 6, from 6-8 p.m. at the Trocadero in Stern Grove.

SAN FRANCISCO GENERAL HOSPITAL

- Outpatient Pharmacy Waiting Times: Recently, there were radio and newspaper reports regarding extended waiting times for prescriptions at the SFGH Main Outpatient Pharmacy. In mid-August the waiting time for regular prescriptions increased to 96 hours from the recent average of 48-72 hours. Even the system established with providers to expedite urgent prescriptions extended to 6-8 hours from the usual 1 hour or less.

  The conditions which led to this delay were a combination of the recent budget cuts (salary savings, decrease in registry and overtime funds, curtailment of compensatory time off), the usual summertime vacations and unexpected sick leaves. The budget cuts have removed the flexibility of the Department of Pharmaceutical Services to "flex up" to meet peak demands. On September 14, at the Board of Supervisors' Health, Public Safety and Environment Committee hearing, Mr. Cordova and his staff reported on this issue and advised the Committee the waiting time has improved to 24 hours or less, with urgent prescriptions at less than 1 hour, as a result of using substantial pharmacist registry assistance. However, the current funding will be exhausted by mid-November. Therefore, SFGH will be requesting supplemental funding for both the Registry and overtime funds in addition to permanent funding for 5 vacant, unfunded positions.

  It should be noted that the hospital believes that in order to provide pharmacy services on a par with community standards, particularly in light of managed care, that prescription service to patients must be improved further. Hospital staff is exploring options for improving service including increased resources at SFGH and the feasibility of contracting out services for patients from DPH Health Centers and Clinics and community providers. I have asked Dr. Stuart Heard, Director of Pharmacy Services for the hospital, to reconvene the DPH Pharmacy Committee to review DPH-wide options.

Commissioner Ludington expressed his frustration over the continuing long waits in pharmacy.

Commissioner Castaneda commented that delays will occur when the budget for pharmacy has been reduced.

President Jackson indicated the Commission's support for the Department's continuing efforts to solve this problem.

- Parking Garage: In August, a meeting was held with Mayor Jordan to discuss directions for the development of the SFGH parking facility at the Muni site at 23rd and Utah. The meeting was attended by staff and Commissioners from Parking and Traffic, staff and a Commissioner from City Planning, Mayor's Office staff, and staff from SFGH.

  At that meeting a decision was made to complete final construction drawings for both the 811 and 1150 space garage, as previously designed, as soon as possible, and to put both options out to bid. When the bids are received, the Mayor intends to make a decision on the size of the garage to be built.

The latest schedule from Parking and Traffic indicates that working drawings for the full (1150 space) garage will be complete by the end of January 1994. The bid process should then be concluded by the end of April, allowing for the beginning of construction by May of 1994. Construction of the 1150 space facility is estimated to take some 19 months with completion scheduled for May of 1996.

LAGUNA HONDA HOSPITAL

- On Lok Senior Health Services Exchange Visits: Over the past few months, the senior staffs of On Lok Senior Health Services and Laguna Honda Hospital have exchanged visits to each other's facilities to discuss their respective programs and are in the process of determining ways the two organizations might begin collaborating in the delivery of services to their respective patient populations. One of the areas under review is the Laguna Honda waiting list to determine if some of those patients may be appropriate for acceptance into the On Lok program.

- Director of Pharmacy: The hospital is pleased to report it has culminated a national search for a Director of Pharmacy with the appointment of Dr. Sharon Kotabe. Dr. Kotabe brings a wealth of professional and managerial expertise to the pharmacy staff. She was formerly the Associate Director of Pharmacy at Mills Peninsula Hospital and the Pharmacy Supervisor at Stanford University Hospital. She is a member of the Board of Directors of the California Society of Hospital Pharmacists.

  Dr. Kotabe will take a leadership role in implementing the new computerized business system in the Pharmacy to maximize revenues and to continue enhancing the role of the pharmacy to maximize revenues and to continue enhancing the role of pharmacy in the patient care team. She will also coordinate implementation of the Pharmacy Teaching Program Affiliation Agreement with UCSF. We are delighted to have Dr. Kotabe join Laguna Honda's excellent management staff.

- Employee Recognition Dinner and Dance: The Twelfth Annual Employee Recognition Dinner and Dance will be held Thursday, October 14, from 6:30 to 11:30 p.m. at the Irish Cultural Center located at 2700 45th Avenue. This year, the hospital will honor 293 employees and will give special recognition to two individuals who together have given 75 years of service to the patients of Laguna Honda Hospital. Virginia Leishman has served 40 years as Director of Nursing; and Carle MacDonald, Assistant Director of Nursing, has served for 35 years. The Health Commission is invited to join the Laguna Honda staff in this celebration.

- Safety Fair: Laguna Honda Hospital sponsored a Safety Fair on Wednesday, September 15. A wide variety of safety agencies, public utility companies, and private vendors participated in the one-day event at the hospital. The Fair focused on fire and earthquake safety measures and emphasized staff education and training.

- Hospital Census: During the month of August, the census at Laguna Honda Hospital reached 1124, a contemporary all-time high census for the hospital.

- Fire Safety Surveys: The State Fire Marshall recently completed the annual Fire Safety Survey at Laguna Honda. Mr. Wagner reports the list of deficiencies is quite lengthy and addresses a variety of areas that are

related to the age of the Laguna Honda buildings and their lack of compliance with current fire and life safety codes. The LHH staff has prepared a Plan of Correction and will begin developing a composite list for the cost of all compliance measures. Staff in-service training in fire procedures will also be enhanced.

- American Hospital Association Appointment: Dr. Mary Anne Johnson has been appointed as the American Hospital Association's alternate representative to the Joint Commission on Accreditation of Health Care Organization's Professional and Technical Advisory Committee on accreditation for long term care. In this position, Dr. Johnson will have an opportunity to act on behalf of the American Hospital Association in representing the interests and policies of the nations' hospitals to the Joint Commission. The one-year appointment begins January 1, 1994.

COMMUNITY PUBLIC HEALTH SERVICES

- STD and AIDS Surveillance Activities Collaboration: As part of the efforts at program integration and operating efficiencies, the AIDS Office Surveillance Branch and the Sexually Transmitted Disease (STD) Section of the Division of Epidemiology and Disease Control are collaborating in the consolidation of certain surveillance activities. Toward this end, AIDS Surveillance personnel are now conducting STD surveillance at SFGH, St. Mary's Hospital, Kaiser, and UCSF. AIDS Office personnel have completed STD surveillance training in order to achieve this consolidation. STD personnel have been given an overview of AIDS-associated No-Identified-Risk (NIR) cases. They have been trained to conduct NIR interviews and will be conducting these interviews with patients as indicated. This collaboration has allowed DPH to maintain and, in some cases, improve our coverage of these surveillance and disease control activities while reducing our operating costs. Employee cross-training between AIDS and STD staff has been another important achievement attributable to this collaboration.

- Nursing Task Force: A Nursing Task Force was established in late May to address implementation of Community Oriented Primary Care (COPC) from a nursing perspective. Representatives from both clinic and public health administrative staffs met on a regular basis and prepared a document which was reviewed by all nursing staff. The document attempted to create a structure of community health nursing and a vision which would meet the needs of COPC and Managed Care, foster interdisciplinary collaboration, unify clinic and public health nursing, and yet achieve fiscal savings by utilizing nursing skills to their fullest. Implementation of the recommendations will be discussed at the Task Force's meeting scheduled for September 22, 1993. All members of the Task Force should be commended for their efforts.

- Laboratory Director Position: As mentioned at the last Commission meeting, Art Back, Director of the Public Health Laboratory for approximately 31 years, passed away on August 20. Effective August 23, Betty Gee has been assigned as Interim Laboratory Director. Betty is expected to serve in this capacity during the recruitment process. It is anticipated a permanent director will be named by spring of 1994.

- AIDS Office Update on Cal-PEP Contract: The AIDS Office letter to Cal-PEP requesting immediate resolution of any conflict between the Board President and staff has resulted in the resignation of the Board

President. The AIDS Office has also received Cal-PEP's response to the AIDS Office monitoring audit. The audit response is currently under review by the AIDS Office.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Update on Status of "Target Cities" Application: In July, the DMS Division reported the State Department of Alcohol and Drug Programs had selected San Francisco as the State's first priority for a new "Target Cities" application to the Center for Substance Abuse Treatment Center (CSAT). On September 9 and 10, a team from CSAT conducted a site visit in San Francisco. This visit provided an opportunity to respond to questions generated by a federal review panel. Since the CSAT visit, CSAS has been in constant contact with the State of California Department of Alcohol and Drug Programs and CSAT regarding draft terms and conditions of an award and specifications for a revised budget for Year 1 that could begin as soon as October 1, 1993. Although there is no official notice of an award, final notification could occur in the next two weeks. If selected, the total award to San Francisco over five years would be $22 million for centralized intake and treatment expansion.

BUREAU OF ENVIRONMENTAL HEALTH

- Food Not Bombs: The media has recently reported on Food Not Bombs and Health Department permits. This report outlines the Department's involvement with Food Not Bombs.

  The Bureau of Environmental Health has endeavored to work with Food Not Bombs in an effort to provide a permit to operate a food distribution program. This extensive effort was conducted over a year and a half period. With the assistance of Supervisor Terence Hallinan, initial compliance with the State Health and Safety Code was achieved and a permit was issued in 1991.

  Prior to this, Food Not Bombs operated without a permit and Environmental Health staff attempted to inform the organization about the basic food handling requirements that had to be met in order for a permit to be issued. During this period when compliance progress was being made, permit fees were waived in order to encourage these efforts.

  Three months following the issuance of the permit, Food Not Bombs prevented health inspectors from conducting detailed sanitation inspections. However, numerous violations were observed. A citation for an administrative hearing was issued and the permit was suspended with the understanding the suspension would be lifted upon compliance with Health and Safety Code requirements. Following the refusal of Food Not Bombs to comply with the permit suspension order, the matter was referred to the City Attorney. The City Attorney obtained an injunction against Food Not Bombs to cease food distribution. In the interim, Food Not Bombs has continued to serve food at two distribution sites.

  The Department of Health will issue a permit to Food Not Bombs whenever compliance with basic food protection regulations are met. DPH however, cannot issue any permit without the approval of the Recreation and Park Department when the distribution is operating on Rec/Park property. Food Not Bombs has not indicated any intention of moving from its food sites in Golden Gate Park and Civic Center Plaza or of achieving and maintaining compliance with the health code.

Commissioner Paras inquired as to whether the Department is giving fair treatment to Food Not Bombs. Ms. Stroud assured the Commission that the Department is handling Food Not Bombs, in the area of health code regulations, in the same manner as other food service operations.

BUREAU OF TOXICS HEALTH AND SAFETY SERVICES

- Underground Storage Tanks: The U.S. EPA requested the assistance of the Hazardous Materials Underground Storage Tank Program in training Region 9 inspectors in field citations for noncompliant underground storage tanks. The EPA was particularly interested in the differences between California and Federal programs and participated in a joint review of DPH files for these sites to become acquainted with the local program. When Region 9 EPA inspectors are fully trained they will begin issuing citations in three jurisdictions in California imposing penalties from $150 to $300 per violation. Stiffer penalties of $10,000 per violation per tank per day can be applied to tank owners not respond to the citations. The EPA inspectors have offered to provide enforcement support against recalcitrant tank owners and operators in San Francisco.

- Geneva Towers: At the request of Geneva Towers Tenants Association, an asbestos and environmental assessment has been conducted at Geneva Towers responding to tenant concerns following the August 14 fire. No suspect asbestos or other debris was observed at the site of the fire.

AUGUST STATISTICS

- AIDS Statistics (from 7/1/81 to 8/31/93)

Total San Francisco cases:	17,489	
Total San Francisco deaths:	11,217	
Total S.F. cases for August:	280	*
Total S.F. deaths for August:	181	

*Includes 217 cases meeting the new definition of AIDS
Includes nonresidents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	276	
Actual Patient Days (except newborns):	8,569	
Newborn Nursery:	442	
Admissions (except newborns):	1,508	
Newborn Nursery:	142	
Average Length of Stay (except newborns):	7	
Newborn Nursery:	4	
Discharge Patient Days (except newborns):	8,134	
Newborn Nursery:	560	
Discharges (except newborns):	1,473	
Newborn Nursery:	144	

Outpatient Visits

Primary Health	
Family Health:	3,141
General Medicine:	2,002
Pediatric:	2,533
OB/GYN:	2,748
Specialty Clinics:	10,296

Emergency Visits

Emergency Room:	5,335
Psychiatric Emergency Services:	N/A

- Laguna Honda Hospital

Average Daily Census:	1,124
Acute Services:	8
Clarendon Hall:	164
AIDS/Hospice SNF:	25

- Mental Health

SFGH/Acute Psychiatric Beds:	78
(12 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	9

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,442
Health Center #2:	600
Health Center #3:	1,043
Health Center #4:	1,183
Health Center #5:	1,054
Tom Waddell Clinic:	3,127
Potrero Hill Health Center:	573
Southeast Health Center:	747
Special Programs for Youth:	3,185
TOTAL VISITS:	12,954

Disease Control

TB Clinic:	2,074
City Clinic:	1,593

- Bureau of Epidemiology and Disease Control

Reportable Diseases

	4 Week Period Ending 8/28/93			Year to Date		
	1991	1992	1993	1991	1992	1993
AIDS*	226	153	232**	1411	1252	3796**
Campylobacteriosis	71	67	45	526	469	424
Giardiasis	26	17	47	216	183	204
Hepatitis A	40	18	11	177	264	134
Hepatitis B	9	4	5	53	56	46
Salmonella	12	11	19	118	105	130
Shigella	37	44	32	190	198	158
TB	21	23	28	213	235	237
Gonorrhea	241	215	203	2134	1807	1536
Syphilis	57	26	14	472	264	107

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

5) UPDATE ON MANAGED CARE

Refer to Director's Report.

6) **CONSIDERATION OF A PUBLIC HEALTH RESOLUTION ON SMOKING POLLUTION CONTROL**

Dr. Sandra Hernandez, Deputy Director of CPHS and AIDS, reported that the Department is recommending amendments to Article 19E prohibiting smoking in places of employment and certain publicly owned sports arenas. Acticle 19E is being considered by the Board of Supervisors.

Commissioners expressed their strong opinion that the smoking ordinance should reflect a strong public health, medical, and scientific perspective. Therefore, the Commission does not support any exemptions, such as bingo parlors, from this health code amendment.

Action Taken; The Commission unanimously adopted Resolution #25-93, Supporting Proposed Legislation: Article 19E Prohibiting Smoking in Places of Employment and Certain Publicly Owned Sports Arenas (Attachment A).

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

8) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $30,000 FOR LUELLA SHANAHAN ET AL, V. CCSF, USDC #C92-4067 MHP (SFGH)**

Action Taken: The Commission approved the settlement of $30,000 for #C92-4067 MHP.

EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $25,000 FOR ROSALEE FOLGER ET AL, V. CCSF, SUPERIOR COURT #943-461 (SFGH)

Action Taken: The Commission approved the settlement of $25,000 for #943-461.

EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION"

Action Taken: This item was postponed to the October 5, 1993 meeting.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 25-93

SUPPORTING PROPOSED LEGISLATION: ARTICLE 19E PROHIBITING SMOKING IN PLACES OF EMPLOYMENT AND CERTAIN PUBLICLY OWNED SPORTS ARENAS

WHEREAS, the Environmental Protection Agency has classified environmental tobacco smoke as one of 15, Group A, known human carcinogens that have no known safe threshold; and

WHEREAS, environmental tobacco smoke is classified as a carcinogen under the California Safe Drinking Water and Toxic Enforcement Act of 1906; and

WHEREAS, active smoking is the primary cause of preventable death, responsible for 430,000 deaths per year nationally; and,

WHEREAS, environmental tobacco smoke is the third leading cause of preventable death, responsible for 53,000 deaths from heart disease and cancer; and,

WHEREAS, the State Resources Board estimates Californians spend roughly 86% of their time indoors; and,

WHEREAS, more lung cancer deaths per year are estimated to be attributable to environmental tobacco smoke from combined non-home exposures (2,200 of both sexes) than from spousal exposure (800 of both sexes); and,

WHEREAS, the Environmental Protection Agency finds that modern air filters, electronic air cleaners, generators, and ventilation systems are not capable of removing carcinogens from environmental tobacco smoke; and,

WHEREAS, the San Francisco Health Commission adopted the following legislative priorities for the development and passage of ordinances within the City and County of San Francisco:

A. Protection from exposure to environmental tobacco smoke:

- Smokefree worksites including restaurants, bars, night/dance clubs.
- Smokefree public places.

B. Youth Policy:

- Prohibiting tobacco advertising within a one-mile radius of schools and playgrounds.
- Licensing of tobacco sales.
- Banning out-of-package cigarette sales; and,

WHEREAS, Article 19E Prohibiting Smoking in Places of Employment and Certain Publicly Owned Sports Arenas is under consideration by the San Francisco Board of Supervisors; and,

WHEREAS, this Article is consistent with the goal of preventing morbidity and mortality associated with exposure to environmental tobacco smoke; and,

WHEREAS, it is the responsibility of the Department of Public Health to protect the public from involuntary exposure to environmental tobacco smoke; and,

WHEREAS, there are no scientific, medical, or public health reasons to exempt facilities used to conduct charity bingo games; now, therefore, be it

RESOLVED, that the San Francisco Health Commission strongly supports the addition of Article 19E as a Health Code Amendment; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to support this important public health initiative.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 21, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Florence Stroud, RN, MN, MI
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
October 5, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 21, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of a Supplemental Appropriation of the net pay of $9,502,717 for Retroactive Disproportionate Share Funds for 1991-92 and 1992-93.

(3.2) Site Approval for Westside Clinic and Outpatient Services. SFGH - Patient Finance - Request for supplemental appropriation of $200,000 to be released from reserves to provide for a General Assistance/Social Security Supplemental Income "One Stop" Service Center at SFGH.

(3.3) SFGH - Patient Finance - Request to apply, accept and expend a new grant in the amount of $350,000 from the Social Security Administration for a General Assistance/Social Security Supplemental Income "One Stop" Service Center at SFGH for the period of January 1, 1994 through December 31, 1996.

(3.4) CHS - Newcomers Program - Request to apply for, accept and expend a grant subvention in the amount of $400,000 from the State Refuge Health Program for health services to newly arrived refugees and immigrants for the period of October 1, 1993 through September 30, 1994.

(3.5) CHS - Health Promotion - Tobacco Free Project - New contract with Polaris Research and Development in the amount of $79,978 for a Planning and Promotion Project for a Tobacco Free African American Community from the period of contract certification through June 30, 1994. (DPH contracted with Polaris Research and Development for services totaling $211,249 in FY 1992-93).

(3.6) DMS - CSAS - Second year of a multiyear renewal contract with 18th Street Services, Inc., in the amount of $318,492, to provide Outpatient Substance Abuse Services to multicultural/multiethnic gay and bisexual men for the period of July 1, 1993 through June 30, 1994. (DPH contracted with 18th Street Services, Inc. for services totaling $870,489 in FY 1992-93).

(3.7) DMS - CSAS - Renewal contract with Potrero Hill Neighborhood House, Inc., in the amount of $250,000/year, to provide Substance Abuse Day Treatment Services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Potrero Hill Neighborhood, Inc. for services totaling $108,149 in FY 1992-93).

(3.8) DMS - CSAS - New sole source and contract request with the Youth Leadership Institute, Inc. in amount of $75,000/year to provide alcohol, drug and tobacco prevention, referral and education services to students in San Francisco's middle and high schools for the period of October 5, 1993 through June 30, 1997.

(3.9) DMS - CSAS - Renewal contract with Women's Alcoholism Center, in the amount of $890,184, to provide residential and outpatient Substance Abuse Treatment Services to women and their families for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Women's Alcoholism Center for services totaling $348,688 in FY 1992-93).

(3.10) DMS - CMHS - BAOS - Renewal contact with San Francisco Mental Health Education Funds, Inc. in the amount of $301,893 to provide staff support to the Mental Health Board (MHB) an expansion for the office of Self Help for the period July 1, 1993 through June 30, 1994. (DPH contracted with San Francisco Mental Health Funds, Inc. for services totaling $152,893 in FY 1992-93).

(3.11) DMS - CMHS - Request for site approval for Westside Community Mental Health Center, Inc. to relocate its Westside Crisis and Outpatient Services to a new site at 888 Turk Street, San Francisco to continue the provision of crisis mental health services.

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **UPDATE ON MANAGED CARE**

6) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

7) **ANNUAL (1992-93) AFFIRMATIVE ACTION REPORT AND THE IMPACT OF THE 1993-94 BUDGET ON AFFIRMATIVE ACTION**

8) **CONSIDERATION OF A RESOLUTION TO AUTHORIZE FEDERALLY QUALIFIED HEALTH CENTER STATUS**

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONAL EXCEPTION".

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 5, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 21, 1993

Action Taken: The Commission adopted the minutes of September 21, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Consideration of a Supplemental Appropriation of the net pay of $9,700,000 for Retroactive Disproportionate Share Funds for 1991-92 and 1992-93.

Commissioner Paras requested information to the full Commission on the SFGH census data for Fiscal Years 1991-92, 1992-93, and 1993-94 (first quarter).

(3.2) SFGH - Patient Finance - Request for supplemental appropriation of $200,000 to be released from reserves to provide for a General Assistance/Social Security Supplemental Income "One Stop" Service Center at SFGH.

(3.3) SFGH - Patient Finance - Request to apply, accept and expend a new grant in the amount of $350,000 from the Social Security Administration for a General Assistance/Social Security Supplemental Income "One Stop" Service Center at SFGH for the period of January 1, 1994 through December 31, 1996.

This item was postponed to a future meeting.

(3.4) CHS - Newcomers Program - Request to apply for, accept and expend a grant subvention in the amount of $400,000 from the State Refuge Health Program for health services to newly arrived refugees and immigrants for the period of October 1, 1993 through September 30, 1994.

(3.5) CHS - Health Promotion - Tobacco Free Project - New contract with Polaris Research and Development in the amount of $79,978 for a Planning and Promotion Project for a Tobacco Free African American Community from the period of contract certification through June 30, 1994. (DPH contracted with Polaris Research and Development for services totaling $211,249 in FY 1992-93).

(3.6) DMS - CSAS - Second year of a multiyear renewal contract with 18th Street Services, Inc., in the amount of $318,492, to provide Outpatient Substance Abuse Services to multicultural/multiethnic gay and bisexual men for the period of July 1, 1993 through June 30, 1994. (DPH contracted with 18th Street Services, Inc. for services totaling $870,489 in FY 1992-93).

Commissioner Jackson requested a 6-month (April 1994) follow-up of the contract monitoring to be referred to the Joint Conference Committee of Mental Health, Substance Abuse, and Forensics.

(3.7) DMS - CSAS - Renewal contract with Potrero Hill Neighborhood House, Inc., in the amount of $250,000/year, to provide Substance Abuse Day Treatment Services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Potrero Hill Neighborhood, Inc. for services totaling $108,149 in FY 1992-93).

Commissioner Kaufman requested outcome data for this contract's Day Treatment services and referred the outcome information to the JCC-DMSF.

(3.8) DMS - CSAS - New sole source and contract request with the Youth Leadership Institute, Inc. in amount of $75,000/year to provide alcohol, drug and tobacco prevention, referral and education services to students in San Francisco's middle and high schools for the period of October 5, 1993 through June 30, 1997.

This item was deferred to the October meeting of JCC-DMSF to look at the sole source contracting process with a co-applicant. This item will be reconsidered on November 2, 1993.

(3.9) DMS - CSAS - Renewal contract with Women's Alcoholism Center, in the amount of $890,184, to provide residential and outpatient Substance Abuse Treatment Services to women and their families for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Women's Alcoholism Center for services totaling $348,688 in FY 1992-93).

Commissioner Kaufman requested outcome information for this contractor's services.

(3.10) DMS - CMHS - BAOS - Renewal contact with San Francisco Mental Health Education Funds, Inc. in the amount of $301,893 to provide staff support to the Mental Health Board (MHB) an expansion for the office of Self Help for the period July 1, 1993 through June 30, 1994. (DPH contracted with San Francisco Mental Health Funds, Inc. for services totaling $152,893 in FY 1992-93).

(3.11) DMS - CMHS - Request for site approval for Westside Community Mental Health Center, Inc. to relocate its Westside Crisis and Outpatient Services to a new site at 888 Turk Street, San Francisco to continue the provision of crisis mental health services.

Public Speakers: Lee Gerdes, St. Paulus Church
Sam Karng, parent
Diane Bright, parent
Mary Helen Rogers, Westside Board
Barbara Thompson, Westside Board

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, excluding items #3.3 and #3.8.

4) DIRECTOR'S REPORT
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

MANAGED CARE

- Update on DPH Planning Developments: The Steering Committee to develop a Local Initiative in San Francisco will hold its first meeting this Wednesday, October 6, from 6:00 to 9:00 p.m. at the San Francisco Medical Society building at 1409 Sutter Street. The Steering Committee will be meeting every two weeks in order to meet the State's short timeline of developing a workplan by March 1994. Progress continues to be made in formulating the two advisory bodies that will make policy and program recommendations to Steering Committee. The Ad Hoc Budget Committee will be submitting its recommendations on the composition of the Program Committee by the end of October. For the development of the Beneficiary Committee, a survey has been conducted of other counties' structures for consumer input, and recommendations will be forthcoming to the Steering Committee.

  Efforts continue within the Department to inform and educate DPH staff to the concepts of managed care and the State's requirements. On October 16, the Ambulatory Nursing Education Advisory Committee, the SFGH Department of Education and Training, and the DPH Managed Care Steering Committee will be sponsoring a one-day seminar entitled "Future Trends in Healthcare: The Shift to Managed Care". This will be held in Carr Auditorium at SFGH from 7:30.a.m. to 4:30 p.m.

FY 1993-94 BUDGET

- Budget Supplemental: In July, the Commission approved a supplemental totalling $20.3 million, including $9.3 million in general funds, in order to make critical health care service restorations from funds set aside by the Board of Supervisors for the first six months of the year for services throughout the Department, including 300 beds and the Adult Day Health Care Center at Laguna Honda Hospital, various mental health and substance abuse programs, outpatient and public health services at the health centers and San Francisco General Hospital, and psychiatric emergency services, nutrition services, pharmaceuticals, and capital projects at SFGH. Included in that supplemental appropriation request were 475 positions.

Because of DPH's high levels of budgeted salary savings, the Mayor's Office recommended the reduction of some positions from the budget to reduce salary savings. Specifically, they recommended the reduction of the total request by the number of positions that have been vacant over a year, or 86 positions. After lengthy negotiations, DPH ultimately forwarded 79 positions for deletion - some positions that had been vacant within the budget and some as reductions from the supplemental request. For the most part, these recommendations did not result in any reductions in funding, just in positions. The one exception is the request to restore the CE&I program, because there was not enough in the Board reserve to fund a full six month restoration. The department requested $106,436, but there is only $60,000 in the reserve.

At this point, it is our understanding that the Mayor's Office will forward the supplemental to the Board of Supervisors.

NATIONAL HEALTH CARE REFORM

- Clinton Health Security Plan: The following is a brief synopsis of the Clinton Health Security Plan as it is currently drafted. The plan is a working document and will absorb numerous permutations throughout the coming year. The Department will produce a more thorough review of the plan as it intersects with 1) California's strategic plan for Medi-Cal Managed Care; 2) issues of providing health care for undocumented persons and; 3) the relationship between the national reform plan and the principles set forth in the SF Health Commission Resolution for health system reform passed October 20, 1992. This synopsis was prepared by Melange Matthews, Senior Legislative Planner in the Budget and and Planning Office.

A. The plan is based on three principles:

1. Security: The plan will provide Americans with the security of knowing that they will not lose their health coverage even if they lose their job, switch jobs, become ill or move.

2. Savings: The plan will control health care costs.

3. Simplicity: The plan will close loopholes in insurance policies, reduce paperwork by streamlining administrative procedures, reduce fraud and abuse and reform the medical malpractice system.

The plan guarantees a comprehensive benefits package that will cover a wide range of preventive services. It will not require any new broad based tax. It will preserve an employer based, privately financed system of care, with discounts for small businesses.

B. Framework:

Managed Competition is the fundamental core of the reform plan. The purchasing and negotiating power of employers, government programs and individuals will be collapsed into large pools or "health alliances". These alliances will be quasi-governmental bodies and will be administered at the state or regional level. Two types of alliances will be structured, regional and corporate. Any employer with 5000 or more employees can form its own corporate health alliance. All other employers will participate in the regional health alliance. Members

of the yet to be created, National Health Board (NHB) will aid in defining the criteria and operational guidelines for the health alliances. Among their duties the health alliances will serve to collect various taxes and revenues earmarked for health care reform and use those revenues to purchase coverage for eligible individuals.

The independent National Health Board will be composed of seven members appointed by the President. No member may be an insurer or provider. The NHB will oversee the entire financing system of the reform plan. It will be aided by several advisory boards.

The NHB will be empowered to intercede if a state fails to comply with federal regulations. It will have the authority to both create and dissolve regional health alliances. In extreme cases, with the support of the NHB, the Secretary of the Treasury will be empowered to impose a payroll tax sufficient to allow the federal government to provide health coverage to all eligible individuals in the state.

Responsibilities of the NHB will include:

- oversight and approval of the state systems;
- development and enforcement of the national budget for health care;
- development and administration of a new national quality management system;
- review of breakthrough drug prices.

C. Eligibility:

All citizens and legal residents are guaranteed access to coverage. All individuals are required to enroll in a plan through the appropriate regional or corporate health alliance. Those individuals covered by continuing government sponsored programs, including Medicare will remain in those programs. All individuals eligible for cash assistance AFDC, SSI, whether employed or unemployed will have coverage purchased from a regional health alliance by the State's Medicaid program.

Plans will be required to accept all eligible enrollees including Medicaid eligibles and the previously uninsured, up to their maximum enrollment limit.

Any citizen or legal resident who does not voluntarily select a plan will be enrolled at the time he or she seeks medical care.

Undocumented aliens are not eligible for guaranteed health benefits. Employers of these individuals are required to pay health care premiums for them. According to the reform plan, undocumented aliens "may continue to use emergency and other health services as provided under current federal law".

D. Timeline:

December	1993	Enact American Health Security Act
April	1994	National Health Board Fully Operational
January	1995	First States Enter New System
January	1996	Additional States Enter System
January	1997	All Remaining States Enter System

No later than January 1, 1997, states are required to establish regional health alliances. States must ensure that all eligible individuals enroll in the plan and oversee the alliances to ensure that they are providing the basic comprehensive benefit package. Alliances are required to offer at least three health plans. Plans must adhere to one of three standard levels of cost-sharing. High, mixed high/low (PPO), and low cost share.

States are allowed to provide incentives to encourage enrollment of "disadvantaged groups", however they are not required to do so. States must establish solvency standards for the health plans and provide fiscal oversight. Each state must operate a guaranty fund to provide financial protection to health care providers if a health plan fails.

E. Health Alliance Participation:

While health alliances will manage the competition, it is the health plans that will compete. Only state certified plans will be allowed to provide health insurance and benefits in regional alliances. Health plans must comply with operational criteria.

- Health plans must use community ratings to determine premiums;
- Health plans may not terminate, restrict or limit coverage for the comprehensive benefit package for any reason;
- Health plans must accept every eligible person enrolled by an alliance without regard to individual characteristics, health status, anticipated need for health care, occupation, or affiliation with any person or entity;
- Health plans are required to provide to the alliance and consumers, cost data as well as information regarding the qualifications and availability of providers.

Health alliances may "risk adjust" payments to plans, if they use a federal risk-adjustment system.

F. Benefit Package:

All plans are required to provide a basic benefit package, which focuses on preventive health care.

Hospital services	Emergency services
Clinical preventive services	Family planning services
Pregnancy-related services	Hospice
Home health care	Extended care services
Ambulance services	Outpatient laboratory & diagnostic services
Outpatient prescription drug and biologicals	Outpatient rehabilitation services
Vision and hearing care	Health education classes
Preventive dental services for children	Durable medical equipment, prosthetic, and orthotic devices
Mental health and substance abuse services	Services of physicians and other health professionals

COMMUNITY PUBLIC HEALTH SERVICES/AIDS

- Health Center Directors: After an extensive recruitment and interview selection process, Dr. Sandra Hernandez, Deputy Director of Health for CPHS/AIDS, is pleased to announce that the following were selected for positions as Health Center Directors:

Jan Murphy	Health Center #1
Charla Ekstrand	Health Center #2
Michael Pile	Health Center #3
Madeline Ritchie	Health Center #4
Kathy Eng	Health Center #5
Cynthia Selmar	Southeast Health Center
Nancy Rubin	Homeless Programs/Tom Waddell Clinic

We congratulate these successful candidates and look forward to working with them in their new positions. With the exception of Mr. Pile, all positions were filled on October 1. I know the Commission will share Dr. Hernandez's enthusiasm for this new team who will be working to complete the implementation of Community Oriented Primary Care in San Francisco.

- Annual Flu Prevention Program: The annual Flu Prevention campaign in San Francisco will begin with a Senior Citizen Flu Clinic at Aquatic Park on October 28, followed by special flu clinic hours at all Public Health Centers in the following weeks. This year's vaccine will protect against three viral strains. Although "Beijing" flu has occurred in Louisiana, no influenza disease activity has been found in California or anywhere else in the U.S.

  In response to the most recent CDC recommendation that flu shots be given now through the end of October in anticipation of an early flu season, the California Department of Health Services has recognized both the logistical problems of changing shot clinics which require months of planning and the fact that the flu season arrives later in California and has not made a recommendation to hold clinics earlier than originally planned. In San Francisco, DPH has already distributed the flu vaccine to hospital outpatient clinics, physicians offices, community clinics, and DPH Health Centers with the recommendation that it be used as soon as possible, given logistic restraints. The Health Centers can begin offering the vaccine during primary care visits immediately. The shots are recommended for persons over 60 and those with chronic health problems.

- Tuberculosis Grant: Congratulations are in order for Drs. Gisela Schecter, TB Control Officer for the Department, Phil Hopewell of UCSF at SFGH and Sarah Royce of the State Department of Health Services TB Division for the award of a $2.5 million grant from the Centers for Disease Control to create a Model TB Prevention and Control Center for California and the western United States. Thirteen centers applied and three awards were made. The other two centers will be in New York and New Jersey.

  The funds include improved outreach to the homeless, drug using and incarcerated populations in San Francisco; the creation of a comprehensive tuberculosis education and training center in San Francisco; assistance and consultation to TB Control Programs and clinicians treating patients with tuberculosis; improvements in laboratory services; assistance with automated surveillance and record-keeping systems; and study of and

assistance with environmental TB control. The California DHS and UCSF will participate with the SF Department of Public Health in the training center laboratory improvement, environmental controls and clinical services portion of the Model TB Center.

We are pleased that the past excellent work of our TB Control Program has been recognized by the CDC and look forward to the possibility of improving tuberculosis control in general in San Francisco.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Target Cities Grant Award: I am also pleased to report that on September 30 Community Substance Abuse Services was notified that San Francisco has been awarded the "Target Cities" grant by the Center for Substance Abuse Treatment Center. As reported earlier, the State Department of Alcohol and Drug Programs selected San Francisco as the state's first priority for a new "Target Cities" application. The total award over the five year period will be more than $11 million with $1.6 million for year one. The project, Substance Abuse Treatment Access to Intervention and Recovery Services (STAIRS) is designed to serve the entire city with an integrated, centralized intake, assessment, and referral system.

  This grant was submitted by CSAS under the leadership of Dr. Wayne Clark, Director of CSAS. The lead grant developer and program model designer was Yvonne Frazier, Associate Director of Grants with Jim Stillwell, Program Analyst as the lead budget developer. Many other CSAS staff, as well as the Advisory Boards and providers contributed to the success of this application. This is a significant achievement for San Francisco. Congratulations to all.

- Matrix Program: As reported in August, the Division of Mental Health and Substance Abuse is participating with other city agencies as part of the interagency collaboration to develop both short and long term service delivery strategies for the homeless mentally ill and substance abusers.

  As part of the Quality of Life Matrix Operation, a mental health outreach team patrols designated areas with the SFPD. The goal of mental health involvement is to provide information, referral, and assistance to those street people who require mental health services. A team has been deployed by the Citywide Outreach Team to assist in this effort. The team will be available 40 hours a week, 5 days a week to patrol with the Police beginning October 6.

- San Diego Lawsuit: Since 1988, the City, through the City Attorney's Office, has been involved in protecting San Francisco's interest in a suit brought by San Diego County against the State challenging the system for allocating mental health funds and hospital bed days among various counties on the grounds that the state's allocation violated San Diego's right to equal protection and due process. At that time, it was determined that any change in the allocation formula would be highly detrimental to San Francisco.

  The issue of "equity" among counties with respect to mental health resources had been a subject of considerable debate for many years. For a variety of reasons, some counties had been receiving, relative to their populations, a proportionately smaller share of funds or beds, or both,

than other counties. San Francisco, with a number of other northern counties (and Los Angeles), joined the lawsuit as intervenors in order to defend the lawfulness of the allocation system.

In 1991, the trial court concluded that the system of allocating mental health funds was constitutional, but not the system of allocating hospital beds. The matter is now on appeal and oral argument is set for October 12, 1993. The State and intervenors argue that the case is moot because the law which was challenged, the Short Doyle Act, is no longer in effect. New "realignment" law has replaced the old system for allocating resources, including mental health funding and hospital beds.

The State and intervenors argue further that, in the event the Court concludes the matter is not moot, the trial court was correct with respect to funding but should be reversed with respect to hospital beds. An opinion is expected within 60 days of oral arguments. If San Diego prevails, the realignment funding allocations to other counties could be adversely affected. We will keep you updated on this issue.

FY 1993-94 MANAGEMENT EXCELLENCE AWARDS

- DPH Winner: Ms. Donna Burchard, Assistant General Service Manager, of Laguna Honda Hospital has been selected to receive the Public Managerial Excellence Award for Efficiency sponsored by the San Francisco Planning and Urban Research Association (SPUR) at an awards luncheon on November 5th. Ms. Burchard is responsible for laundry and linen services at Laguna Honda Hospital. Congratulations to Ms. Burchard and the five other DPH nominees who will also be recognized at the luncheon: Susan Ehrlich, Galen Leung, Sharon Kennison, Cynthia Bautista, and Dr. Wayne Clark.

DPH EMERGENCY SERVICES

- Woodrow Wilson High School Incident: On September 22, DPH emergency staff responded to student and faculty complaints regarding tightness of breathe. The Paramedics examined 55 people of whom 35 were transported to seven emergency hospitals. The Poison Control Center reported hospitals treated a total of 38 victims. The Poison Control Center believes the victims were exposed to some petroleum products. Toxics staff conducted numerous samplings for several days and could not detect any explosive or organic petroleum products.

SEPTEMBER STATISTICS

All statistics for September will be reported in the next Director's Report.

In future Director's Reports, Commissioners requested the following:

a) Commissioner Rosenstiel requested information that focuses on parts of President Clinton's Health Plan impacting the disproportionate share hospitals.

b) Commissioner Paras requested information on the impact of the President's Health Plan on each Division and how the Department plans to respond.

c) Commissioner Marton requested information on alternatives (i.e., position of various organizations) to the President's Health Plan and the impact of those alternatives on the Divisions and the Department.

5) UPDATE ON MANAGED CARE

Refer to the Director's Report.

6) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

Richard Cordova, SFGH Executive Administrator, provided an update on the negotiation of a new Affiliation Agreement with the University of California. There are three remaining unresolved issues: 1) the transfer of all City Physician Specialist positions to the University; 2) the exchange of non-medical services; and 3) termination and annual appropriation.

Commissioners expressed their concerns on the continued delay in resolving the issues for the new Affiliation Agreement. Commissioner Kaufman strongly expressed her concern that the President of the Commission has not heard from Chancellor Martin after a letter was sent informing him of this agenda item. She raised the City Controller's concern in paying out on a contract that is not current. She suggested that the Commission President be involved in the negotiations.

Paula Jesson, Deputy City Attorney, reported that the City and University attorneys are working on addressing the legal issue of multiyear contracts, trying to give the University some degree of security, but at the same time meeting the City Charter and State Constitution requirements.

President Jackson and Vice President Rosenstiel requested that a proposed Affiliation Agreement be presented to the Commission on October 19, 1993.

Commissioner Paras requested the Department to convey to Chancellor Martin that he respond to the Commission and the Department.

Public Speaker: Edward Benner

7) ANNUAL (1992-93) AFFIRMATIVE ACTION REPORT AND THE IMPACT OF THE 1993-94 BUDGET ON AFFIRMATIVE ACTION

Gloria Louie, Director of EEO and Affirmative Action Programs, introduced two of her staff members, Claire Nakasue and Carmen Vasquez, and provided an overview of her Department's functions. She presented labor force data Departmentwide and by Divisions and affirmative action activities for FY 1992-93 and 1993-94 (Executive Summary, Attachment A).

Commissioner Castaneda requested Departmentwide information on how Division Managers provide support to minorities in career development or upward mobility within the Department.

Commissioner Kaufman expressed her concern in the Department using 1990 Bay Area labor statistics for Asians (11.1%) instead of the San Francisco labor statistics (21%). Ms. Louie referred to the Civil Service memorandum, 1990 Labor Force Information for Affirmative Action Programs, advising Departments to use the statistics of the labor area which constitute the normal recuriting area for the occupations in question.

Commissioner Paras commended the Department for a thorough report and suggested that the Commission may want to look at the use of labor statistics from a policy

perspective. Ms. Stroud, Acting Director of Health, encouraged the Commission to provide input on this subject.

Commissioners Ludington and Rosenstiel emphasized the importance of hiring the most qualified persons for the jobs.

8) CONSIDERATION OF A RESOLUTION TO AUTHORIZE FEDERALLY QUALIFIED HEALTH CENTER STATUS

Dr. Bob Prentice, Director of Community Oriented Primary Care, reported the following:

Federally Qualified Health Centers (FQHC) were established in the Omnibus Budget Reconciliation ACT (OBRA-90) to provide full-cost Medicaid and Medicare reimbursements for clinics receiving federal grant funds under Sections 329 (Migrant and Rural Health Centers), 330 (Community Health Centers), and 340 (Health Care for the Homeless Program) of the Public Health Service Act. The rationale for FQHC is that federal grant funds intended to serve the uninsured were instead being used, in part, to offset inadequate Medicaid and Medicare reimbursements for outpatient services; in effect, in Medicaid and Medicare were to pay the full cost, federal grant funds would then be used for their intended purpose. The Tom Waddell Clinic, as a recipient of Section 340 funds, (Health Care for the Homeless), is an FQHC clinic. North of Market Senior Center, also a recipient of Section 340 funds, has recently submitted a cost report to the Health Care Financing Administration (HCFA) to determine their reimbursement rate as an FQHC clinic.

The federal legislation that established Federally Qualified Health Centers also included a "look-alike" provision for clinics that do not receive Sections 329, 330 or 340 grant funds, but nevertheless look like those clinics. Unlike recipients of the qualifying federal grant funds, however, clinics seeking certification under the "look-alike" provision must submit applications to the Public Health Service (PHS) and Health Care Financing Administration (HCFA). That application must demonstrate that the clinics meet all the requirements of clinics receiving federal grant funds.

Since the Department's primary care clinics do not look like Section 2329, (Migrant and Rural Health Centers), or Section 340, (Health Care for the Homeless Program) clinics, we must establish that we look like Section 330 (Community Health Centers) grant recipients if we are to qualify as FQHC clinics. While those requirements are spelled out in detail in the FQHC application guidelines, the most relevant one for consideration by the Health Commission is the requirement that there be a community governing board consisting of 9-25 members, of which at least 51% must be active users of the clinics. No more than half of the non-user members can derive more than 10% of their income from the health care industry. (For those reasons, the Health Commission cannot be the governing board.) Moreover, the governing board must have three authorities: 1) to hire and fire the Director of the entity (probably the COPC Director); 2) the authority to approve the budget of the entity; and, 3) the authority to set policies. However, the authority of the governing board for a public sector "look-alike" applicant is exercised ".... within the general fiscal and personnel policies of the public agency." For example, the authority to hire and fire the COPC Director must be within Civil Service Rules, or the authority to approve the budget must be within the overall budget process of the Department, the Health Commission, and the City and County of San Francisco. In effect, the authority of the governing board does not supercede the authority of the Health Commission, the

Mayor, or the Board of Supervisors. In the opinion of Paula Jesson, the governing board requirements can be met by executing a Memorandum of Understanding between the Director of Health and the board. The governing board requirements, in our view, are consistent with the philosophy of Community Oriented Primary Care and fits well within our existing plans for community involvement.

Federally Qualified Health Center status for our primary care clinics has potentially significant revenue potential. FQHC reimbursement rates run typically 3-5 times current Medi-Cal rates. For example, San Francisco General Hospital primary care clinics, if they were to achieve FQHC status, would receive an estimated additional $-5 million per year. The primary care network within Community Public Health Services could realize an additional $2-3 million per year. These are both conservative estimates. Moreover, now and for the foreseeable future, FQHC status is protected within managed care plan; i.e., an FQHC clinic cannot be forced to accept capitation or a discounted reimbursement rate. If an FQHC clinic participates in a managed care plan, the State must compensate the FQHC clinic for the difference between its reimbursements through the managed care plan and its actual costs.

Action Taken: The Commission adopted Resolution #26-93, "Authorizing the Department of Public Health to Pursue Qualified Health Center Status for its Primary Care Clinics", (Attachment B), with the understanding that the application package, including MOU's, is to come back to the Commission for approval prior to submission.

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

EXECUTIVE SUMMARY

The following is an overview of the department's labor force statistics for fiscal year 1992-93. Included with this overview is the following information:

- Overview of department-wide labor force data;
- Overview of labor force information by DPH divisions;
- Under-utilization statistical information by job categories department-wide and by division;
- Comparative labor force information of the administrative job category over a five year period;
- Impacts of the July 1, 1993 budget reductions and discussion on the 1990 labor force census parity figures.

DEPARTMENT OF PUBLIC HEALTH'S LABOR FORCE INFORMATION

DEPARTMENT WORK FORCE

Fiscal year 1992-93, as with fiscal year 1991-92, was a difficult budget year for the Department of Public Health. Financial and other resources were reduced significantly yet the demand for health services continued to increase. As of June 1993, the department employed 5771 workers. The department, fortunately, was able to maintaine a diversified labor force that was equivalent to or above parity with the San Francisco/Bay Area labor force market pursuant to the 1990 census.

	WHITE %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/93	1879 32.6%	890 15.4%	686 11.9%	862 14.9%	1436 24.9%	18 0.3%	2033 35.2%	3738 64.8%	5771 100%
1990 PARITY	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.3%	46.0%	100%

Census parity information utilized for labor force comparison is in accordance with a January 29, 1993 the Civil Service Commission memorandum to all appointing officers entitled, 1990 Labor Force Information for Affirmative Action Programs. The

memorandum essentially recommends to all appointing officers that "... (f)or future use [of labor force parity statistics] in affirmative action programs, departments are advised to use the statistics of the labor area which constitutes the normal recruiting area for the occupations in question."

LABOR AREA	WHITE	AFRICAN AMER	HISPANIC	ASIAN	FILIPINO	AMER INDIAN	MALE	FEMALE
San Francisco	52.0%	8.2%	12.8%	21.0%	5.4%	0.4%	54.3%	45.7%
SF Bay Area	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%
United States	78.2%	10.2%	8.0%	2.3%	0.5%	0.6%	54.3%	45.7%

For the purposes of this report, in order to determine under-utilization and establish goals and targeted recruitment (and since Department of Public Health employees reside in San Francisco, the immediate bay area counties and beyond) the department has decided to use labor force parity information for the five bay area counties (San Francisco, Marin, San Mateo, Alameda, Contra Costa County). However, depending on the type and level of the vacant position, and the culturally competent needs of the unit or program, recruitment efforts will be instituted accordingly.

ADMINISTRATORS

Labor Force Information of DPH Administrators' Category Over a Five Year Period

Over the last five years, the department has significantly down sized the number of its administrator positions (1989 to 1993) from 170 to 133 (-22.0%).

	WHITE	AFRICAN AMER	HISPANIC	ASIAN	FILIPINO	AMER INDIAN	MALE	FEMALE	TOTAL
	%	%	%	%	%	%	%	%	%
06/30/89	95	24	15	27	8	1	71	99	170
	55.9%	14.1%	8.8%	15.9%	4.7%	0.6%	41.8%	58.2%	100%
06/30/93	65	20	14	23	10	1	61	72	133
	48.9%	15.0%	10.5%	17.3%	7.5%	0.8%	45.9%	54.1%	100%
1990 Parity	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

Even with significantly fewer administrators, the department has made a pronounced effort not just to maintain but to increase the percentages of administrators from the affirmative action targeted groups.

	% increase from 1989 to 1993	Composition of Total DPH Adm	1990 Parity	% of goal achieved
AFRICAN AMERICAN	+ 6.4%	20 or 15.0%	9.1%	165%
HISPANICS	+ 19.3%	14 or 10.5%	12.7%	83%
ASIANS	+ 8.8%	23 or 17.3%	11.1%	156%
FILIPINOS	+ 59.6%	10 or 7.5%	4.2%	178%
AMERICAN INDIANS	+ 33.3%	1 or 0.8%	0.5%	160%
WOMEN	- 7.0%	72 or 54.1%	46.0%	118%

As of June 1993, the Health Department's senior administrative, exempt and executive staff positions reporting to the Director of Health were as follows:

Director of Health	European American	male
Senior Deputy Director of Health	African American	female
Deputy Director of Health, CPHS	Hispanic	female
Deputy Director of Health, DMSF	Asian	male
Deputy Director of Health, Operations	European American	male
Executive Administrator, SFGH	Hispanic	male
Executive Administrator, LHH	African American	male
Director, AIDS Office	European American	male
Director of Budget and Planning	European American	female
Director of Homeless Health Programs	European American	male
Director of Public Information	Asian	female
Executive Assistant to the Director	Asian	female

Seven (7) or 58.3% of the positions are occupied by people of color and five (5) or 41.7% are occupied by women.

OVERVIEW OF WORK FORCE AT THE DIVISION LEVEL

Although the DPH-EEO Unit needs to continue its effort for affirmative action recruitment and hiring on the divisional level by specific job categories (see full report attached), overall the Health Department is doing well with its efforts to diversify its work force.

San Francisco General Hospital

Except for the Hispanic (-1.2%) and American Indian (-0.2%) groups, San Francisco General Hospital with a work force of 2333 employees (40.4% of the department's total work force) is above labor force parity.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	14.6%	9.1%	160%
HISPANIC	11.5%	12.7%	91%
ASIAN	14.0	11.1%	126%
FILIPINO	21.3%	4.2%	507%
AMERICAN INDIAN	0.3%	0.5%	60%
WOMEN	61.0%	46.0%	133%

Laguna Honda Hospital

Except for the Hispanic (-5.4%) and American Indian (-0.2%) groups, Laguna Honda Hospital with a work force of 1630 employees (28.2% of the department's total work force) is above labor force parity.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	17.3%	9.1%	190%
HISPANIC	7.3%	12.7%	58%
ASIAN	11.7%	11.1%	105%
FILIPINO	41.4%	4.2%	1057%
AMERICAN INDIAN	0.3%	0.5%	60%
WOMEN	73.3%	46.0%	159%

Division of Mental Health, Substance Abuse and Forensics

Except for the American Indian (-0.3%) group, the Division of Mental Health, Substance Abuse and Forensics with a work force of 640 employees (11% of the department's total work force) is above labor force parity.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	11.7%	9.1%	129%
HISPANIC	14.3%	12.7%	113%
ASIAN	18.2%	11.1%	164%
FILIPINO	12.1%	4.2%	288%
AMERICAN INDIAN	0.2%	0.5%	40%
WOMEN	60.8%	46.0%	132%

Central Office/Public Health Services

With a work force of 1165 employees (22.2% of the department's total work force) there is no overall under-utilization of targeted groups in the Central Office/Public Health Services division, which includes the AIDS Program.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	16.4%	9.1%	180%
HISPANIC	17.7%	12.7%	139%
ASIAN	19.6%	11.1%	177%
FILIPINO	11.8%	4.2%	281%
AMERICAN INDIAN	0.6%	0.5%	120%
WOMEN	62.7%	46.0%	136%

SUMMARY OF FISCAL 1992-93 AFFIRMATIVE ACTION ACTIVITIES

Below is a summary of the department's affirmative action activities for fiscal year 1992-93.

- Due to budget reductions that began during fiscal year 1991-92 and continued through fiscal year 1992-93, the department's recruitment efforts were significantly reduced. The department participated in a few major San Francisco and Bay Area job fairs, but the bulk of its recruitment efforts were through contacts with community-based organizations, advertisements in local ethnic and professional publications, and through EEO staff's long term recruitment resources.

- The number of discrimination complaints increased from 29 during fiscal year 1991-92 to 42 complaints for fiscal year 1992-93. Twenty-seven of the 42 complaints lacked sufficient evidence to find cause, six were found to merit cause and the accused were either disciplined and/or given training and nine were settled. Of the 42 complaints, 13 were complaints related to employees with a disability and charging discrimination or seeking an accommodation. Although there were no significant patterns of discrimination found in particular units or divisions of the department, the findings for cause of complaints of sexual harassment were at a greater proportion than other complaints of discrimination.

- The Unit provided to department employees 31 sessions on "How to Prevent Sexual Harassment at the Work site", eight sessions on information on the "Americans with Disabilities Act", five sessions on "How to Manage a Diverse Work Force." The Unit also began organizational development assessment work with two major work unit's at San Francisco General Hospital.

- Ninety-one individuals were tested for language proficiency in Spanish, Chinese, Russian, Cambodian, Burmese and Tagalog. Fifty-six were SFGH employees, 10 DMSF employees and 25 Public Health employees.

- In January 1993, the EEO Unit revised its existing departmental procedures for processing accommodation requests and formalized a step-by-step set of procedures. Also in

January, orientation was provided to management staff at each of the four divisions. In February 1993, the EEO office distributed the City-wide policy regarding meeting/conference access that was promulgated by the Mayor's office. In April, the DPH-EEO Unit obtained a Telecommunications Device for the Deaf (TDD) for use by Central Office. In May, the office began coordination of a comprehensive Transitional Plan requested by the Mayor's office to address service and program accessibility at all of the department's service sites.

- Ten DPH employees actively participated in some form of the 20/20 program under Civil Service Commission Rule 28.05 during fiscal year 1992-93. Three employees graduated from Nursing studies and one received her MSW degree. Due to the severe budget cuts the department is suffering this year, no employees other than those currently in the program will be supported for the fall semester of the 1993-94 fiscal year.

- The Director of Health assigned the position of the Lesbian/Gay Health Services Coordinator to the EEO Office. Lesbian/Gay Coordinator activities for fiscal year 1992-93 included the development of a survey instrument for Lesbian/Bi-sexual women's KABB Survey and Seroprevalence Study; acted as an advisor to the Lavender Youth Recreation and Information Center; provided two training sessions on Human Sexuality with focus on Lesbian/Gay and Bi-sexual issues; trained other city agencies on Lesbian/Gay and Bi-sexual concerns; certified 10 new positions with the Gay Health Specialist waiver; and was national advocate for Lesbian/Gay Health issues.

- The EEO Unit, at the direction of the Director of Health and working with departmental and community representatives worked with the Civil Service Commission on an African American Health Services Specialist employment designation similar to the language and Gay Health Specialist designations currently utilized by the Department. On June 30, 1993, the Civil Service Commission approved the department's request that was originally sought in 1986 with the support of the Health Commission. The EEO Unit and community representatives currently are designing the 32 hour training course and testing instrument for the designation. Actual implementation of designation is expected for December 1993.

- The coordination and development of a department-wide Cultural Competence Committee began this fiscal year. Members of this committee represent department-wide disciplines and community-based advisors. The charge of this committee is to promote and sustain the best possible state of culturally proficient services for all San Franciscans; actively work to eliminate cultural and linguistic barriers to services in order to improve access for all San Francisco; provide leadership in the development of culturally proficient human resources and programs in partnership with communities, consumers, providers, employees and other public and private entities; ensure culturally proficient services through department-wide human resource development and training; design and advocate for culturally proficient policies, plans, standards and programs which prevent

or remedy conditions that threaten the public's health; and develop mechanisms for evaluating the effectiveness of the department's efforts to institutionalize a culturally competent system of care.

AFFIRMATIVE ACTION ACTIVITIES FOR FISCAL YEAR 1993-94

Along with the on-going duties and responsibilities of the office, the following activities will be initiated for fiscal year 1993-94:

- Implementation of the African American Health Services Specialist Designation.
- Audit and assessment of the utilization of the bilingual waiver department-wide.
- Additional training development and implementation of diversity awareness and cross-cultural communication sessions.
- Coordination of the department-wide Cultural Competence Committee.
- Revamping of the department's current recruitment procedures to reflect the under-utilization of targeted groups in the department's work force.
- Coordinate and facilitate "managing transition", "organizational development" assessments and training for DPH Executives, Human Resource Units and staff impacted by the lay-offs, with the Civil Service Commission Management and Development Division.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-93

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO PURSUE QUALIFIED HEALTH CENTER STATUS FOR ITS PRIMARY CARE CLINICS

WHEREAS, federally qualified health centers receive full-cost reimbursement for outpatient services for Medi-Cal and Medicare patients; and

WHEREAS, recurring budget deficits continue to threaten vital health services; and

WHEREAS, it is a highest priority of the Health Commission to maximize revenues in order to maintain those vital health services; and,

WHEREAS, the prospects of conversion to managed care creates additional incentives to provide health care in the most cost-effective manner possible, highlighting the importance of community-based prevention and primary care services; now, therefore, be it

RESOLVED, that the Health Commission of the the City and County of San Francisco authorizes the Department of Public Health to pursue federally qualified health center status for its primary care clinics; and, be it

FURTHER RESOLVED, that the Health Commission endorses the concept that any additional revenues realized through federally qualified health center status should be reinvested in primary care services.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 5, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President
Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MP
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING
October 19, 1993
3:00 P.M.
at
San Francisco General Hospital
Carr Auditorium
1001 Potrero Avenue
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 5, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) DMS - CMHS - Renewal contract with Patients' Right Advocacy Services, Inc. in the amount of $155,711/year to provide community outreach, patients' rights services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Patients' Rights Advocacy Services, Inc. for services totaling $155,711 in FY 1992-93).

(3.2) DMS - CSAS - Multiyear contract renewal with Morrisania West, Inc., in the amount of $305,500/year, to provide substance abuse day treatment services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Morrisania West, Inc. for services totaling $153,006 in FY 1992-93).

(3.3) CHS - AIDS/DMS-CSAS - First modification to the contract with Iris Center: Women's Counseling and Recovery Services, reducing the contract in the amount of $46,999, to provide HIV and substance abuse treatment services for the period of November 1, 1992 through June 30, 1993. (DPH contracted with Iris Center - Women's Counseling for services totaling $1,098,331 in FY 1992-93).

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(3.9) CHS - TB Control - Request to accept and expend a new grant in the amount of $2,511,293 from the Centers for Disease Control and Prevention to establish a Model Tuberculosis Prevention and Control Center for the control of tuberculosis for a first fiscal year period of February 1, 1993 through January 31, 1994. In addition, approval is requested for a new sole source and contract with the Regents of the University of California, School of Medicine, Pulmonary Services at San Francisco General Hospital to provide TB Control, education and training services in the amount of $1,874,617/year from date of certification to January 31, 1996. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93 exclusive of the Affiliation Agreement).

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4) **DIRECTOR'S REPORT**
(Richard Cordova, Acting Director)

5) **SAN FRANCISCO GENERAL HOSPITAL PRESENTATION**

A.	Annual Report	Richard Cordova
B.	Goals and Strategic Plan	Diane Miller
C.	Long Term Capital Expenditure Plan	Jerry Rankin
D.	Project 2000	Gene O'Connell.
E.	Quality Management Program	John Luce, M.D. Sue Currin
F.	Review of New JCAHO Governing Body Standards	Sue Currin
G.	Report from the SFGH Volunteers	Kim Dunster

6) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

7) **CONSIDERATION OF A REVISED TRANSPORT POLICY OF THE PARAMEDIC DIVISION**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION:**

A. **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $240,000 MEDI-CAL REIMBURSEMENT , CCSF V. STATE OF CALIFORNIA, SAN FRANCISCO SUPERIOR COURT NUMBERS 926607, 939690, 930235, 938972, 935548, 934356, 932028, 937161, AND 926607.**

B. **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".**

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 19, 1993
3:00 P.M.
at
San Francisco General Hospital
Carr Auditorium
1001 Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 5, 1993

Action Taken: The Commission adopted the minutes of October 5, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) DMS - CMHS - Renewal contract with Patients' Right Advocacy Services, Inc. in the amount of $155,711/year to provide community outreach, patients' rights services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Patients' Rights Advocacy Services, Inc. for services totaling $155,711 in FY 1992-93).

(3.2) DMS - CSAS - Multiyear contract renewal with Morrisania West, Inc., in the amount of $305,500/year, to provide substance abuse day treatment services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Morrisania West, Inc. for services totaling $153,006 in FY 1992-93).

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Commissioners Kaufman and Jackson requested a letter from Catholic Charities clarifying their compliance with the Commission's policy on ethnicity and gender of staff and Board of Directors.

Due to any perceived conflict of interest, Commissioner Paras abstained from the discussion and vote on this item.

(3.5) CHS Homeless Programs - Request to approve a resolution authorizing the Department of Public Health, Community Health Services/Homeless Programs, to enter into an indemnification agreement with Travelers Aid of San Francisco, for purposes of using Traveler Aid facility in the provision of multidisciplinary health services to the homeless at the Transbay Terminal. (DPH contracted with Travelers Aid of San Francisco for services totaling $187,277 in FY 1992-93).

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The Commission postponed a decision on this contract, pending a letter from the Board of Directors responding to non-compliance with Commission policy on ethnicity and gender of the Board of Directors.

Action Taken: The Commission approved, except for #3.11, the Consent Calendar of the Budget Committee.

Commissioner Paras abstained from discussion and voting on #3.4.

4) DIRECTOR'S REPORT
(Richard Cordova, Acting Director)

NATIONAL HEALTH CARE REFORM

- Update on Analysis: As a follow-up to the synopsis of the proposed National Health Security Act presented to the Health Commission on October 5th, and based on the Commission's interest and questions, the Budget and Planning Office is researching a series of issues.

  A follow-up analysis will be provided on the status, changes and anticipated impact of the plan on San Francisco. Specifically, the report will focus on the following issues:

  - How well the National Health Security Act satisfies the Health Commission's principles for health system reform, adopted through resolution 10-92;
  - Competing Congressional plans under discussion;
  - Analysis of specific components of the proposed plan, as they relate to providing health care to undocumented persons, children, long-term care, mental health and substance abuse services, and disproportionate share hospitals.

  The report is scheduled to be provided at the December 7 meeting of the Health Commission.

LEGISLATIVE UPDATE

- Needle Exchange: As you know Governor Wilson vetoed AB 260 (Brown) Needle Exchange. This was the second year in a row that the Governor has vetoed needle exchange legislation. It was hoped the Governor would sign the bill this year after the supportive evidence presented in the September Center for Disease Control report on needle exchange.

  On October 15, 1993, the SF AIDS Foundation hosted a meeting with Ben Merrill, senior staff to Debbie Gebbie, National AIDS Coordinator.

Ms. Gebbie coordinates policy issues on AIDS for the White House and the Department of Health and Human Services.

According to Mr. Merrill, Ms. Gebbie will become the point person in the Administration supporting needle exchange programs. She will be working to assist Surgeon General Elders in developing an affirmative position on this issue. Mr. Merrill hopes that a more active role by Administration Officials will provide useful political assistance in the passage and funding for future needle exchange programs. Ms. Gebbie reports to the President through Carol Rasko, the Domestic Policy Advisor. Surgeon General Joycelyn Elders reports through Dr. Phil Lee to Secretary of Health Donna Shalala.

DPH, the SF AIDS Foundation and other organizations are considering the next steps necessary to secure a legislative victory in California.

In the meantime, the local program will continue under the emergency authorization currently in effect.

Commissioner Ludington requested the needle exchange issue be calendared for a future agenda.

LAGUNA HONDA HOSPITAL

- Annual Employee Recognition Dinner: Laguna Honda held its 12th Annual Employee Recognition Dinner on October 14 at the Irish Cultural Center. Approximately 400 staff, family, friends were in attendance, including Commissioners Jackson, Castaneda and Paras and other dignitaries. LHH employees were honored for years of service, highlighted by presentations to Carle MacDonald, Assistant Director of Nursing and Virginia Leishman, Director of Nursing, who were recognized for 35 and 40 years of service respectively.

- CAHHS Board of Trustees: Anthony Wagner, Executive Administrator of Laguna Honda, has been elected to the Board of Trustees of the California Association of Hospitals and Health Systems. Mr. Wagner has also been elected as President of the Hospital Sponsored Services section of CAHHS for a term of office commencing in January, 1994.

- 1993 Older Women in Health Award: Virginia Leishman, Director of Nursing, has been named to receive a 1993 Wonderful Older Women in Health Award by the San Francisco Older Women's League. Ms. Leishman is being honored for her exemplary leadership, tireless efforts and extraordinary devotion that has made Laguna Honda Hospital one of the best long term care hospitals in the country.

- Activity Therapy: Students from five San Francisco elementary schools will visit hospital residents as part of the Activity Therapy Department's inter-generational programs. The students will help celebrate the fall season and Halloween by helping residents to decorate pumpkins, make Halloween costumes, and enjoy a haunted house in Moran Hall.

- Plant Services: As part of the hospital plant services department's efforts to maintain the hospital's 65 acre campus, the Youth in Action Division of the San Francisco Conservation Corp. will provide 150 youth to prune, weed and clean of the parks, trails and open space throughout the LHH campus on October 23.

- Flu Vaccine Program: The hospital has begun its annual influenza vaccine and prevention program by providing the flu vaccine to patients and employees, implementing influenza surveillance so that antiviral prophylaxis can be given to patients when the first case of flu is diagnosed, and conducting visitor education regarding self exclusion from the facility during respiratory illnesses.

COMMUNITY PUBLIC HEALTH SERVICES/AIDS

- AIDS Office: Today the AIDS Office released two new surveys of HIV risk behaviors and seroprevalence among lesbian and bisexual women. The women were recruited from a variety of community locations in San Francisco and Berkeley.

  Lesbian and bisexual women in these surveys reported very high levels of injection drug use and unsafe sexual behaviors with male and female partners. Ten percent of women reported injecting drugs since 1978. Eightyone percent of the women reported a history of sex with men. Of these women, 39% reported unprotected vaginal intercourse and 11% reported unprotected anal intercourse with men during the past 3 years. The study found that 1.2% of the women were HIV infected. This rate is three fold higher than estimated for all adult or adolescent women in San Francisco.

  The Department currently supports a number of prevention and health service programs for lesbian and bisexual women. In light of these two surveys, we will be reassessing these programs to determine what changes or new services will be needed.

Commissioner Paras requested the subject of prevention strategies be calendared for a future agenda.

CALIFORNIA PACIFIC MEDICAL CENTER

- Employee Fantasizing About Infecting Patients: On October 12, Interim Director of Health Florence Stroud participated in a press conference at the California Pacific Medical Center at which time the hospital disclosed an employee characterized as "disturbed" attempted extortion following charges that he told a close friend he fantasized about infecting patients with the HIV virus during his duties as a phlebotomist at the Pacific campus, where he was responsible for drawing patient blood supplies.

  Earlier, as Interim Director of Health, Ms. Stroud was briefed on the hospital's investigation and review of patient safety procedures that concluded that no patients were exposed to the HIV virus. The extensive review concluded the danger of contracting the HIV virus during blood testing is extremely small, both because of hospital safety procedures and current evidence regarding transmission of the disease. The hospital is providing counseling and testing for the HIV virus for any patient who had blood drawn by a man at the Pacific campus since January 1985 to allay patient fears.

NATIONAL AIDS UPDATE CONFERENCE

- Sixth Annual Conference: The nation's largest gathering of HIV/AIDS healthcare providers will meet for the National AIDS Update Conference this week, October 19 through October 23 at the San Francisco Civic Auditorium.

  This year's theme is "Learning from the Past, Focusing on the Future", and will reflect the changing nature of HIV and AIDS-related care, as

well as overall changes in healthcare as a result of the continuing epidemic. The conference will be chaired by Raymond J. Baxter, former SF Director of Health, and Mary Pittman, President and CEO of the Hospital Research and Education Trust, Affiliate of the American Hospital Association. The conference is co-sponsored by a unique consortium of over 30 national and regional organizations.

DPH is again providing volunteers to staff the conference and Wendy Ho Iwata is providing assistance with media relations.

AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE

- 121st Annual Meeting: The Annual meeting of the American Public Health Association will be held in San Francisco from October 24 - October 28 at the Moscone Convention Center and nearby hotels. This is the first time in at least 20 years that the annual meeting will be held in San Francisco. This year, 32 SF DPH staff have been selected to present papers showcasing innovative local programs.

COMBINED CHARITIES CAMPAIGN

- City Campaign: Mr. Brian Cahill, General Manager of the Department of Social Services has been named as Chair of the 1993 Combined Campaign for the City and County. Jeffrey Jue, Deputy Director of Health for Mental Health and Substance Abuse is the campaign coordinator for hopefully another successful effort by the Department of Public Health.

SEPTEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to (9/30/93)

Total San Francisco cases:	17,750
Total San Francisco deaths:	11,359
Total S.F. cases for September:	306*
Total S.F. deaths for September:	150

*Includes 257 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	273
Newborn Nursery:	15
Actual Patient Days (except newborns):	8,472
Newborn Nursery:	478
Admissions (except newborns):	1,446
Newborn Nursery:	148
Average Length of Stay (except newborns):	8
Newborn Nursery:	3
Discharge Patient Days (except newborns):	8,674
Newborn Nursery:	446
Discharges (except newborns):	1,458
Newborn Nursery:	149

Outpatient Visits

Primary Health	
Family Health:	3,122
General Medicine:	2,017
Pediatric:	2,533
OB/GYN:	2,715
Specialty Clinics:	10,203

Non-Admit Emergency Visits

Emergency Room:	5,008
Psychiatric Emergency Services:	369

- Laguna Honda Hospital

Average Daily Census:	1,114
Acute Services:	8
Clarendon Hall:	165
AIDS/Hospice SNF:	27

- Mental Health

SFGH/Acute Psychiatric Beds:	79
(10 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	4

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,415
Health Center #2:	603
Health Center #3:	1,035
Health Center #4:	1,099
Health Center #5:	1,031
Tom Waddell Clinic:	2,953
Potrero Hill Health Center:	598
Southeast Health Center:	775
Special Programs for Youth:	2,622
TOTAL VISITS:	12,131

Disease Control

TB Clinic:	1,983
City Clinic:	1,471

- Bureau of Epidemiology and Disease Control Reportable Diseases

	4 Week Period Ending 10/02/93			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS*	175	167	317**	1581	1419	4113**
Campylobacteriosis	100	71	58	626	540	482
Giardiasis	25	16	37	241	199	241
Hepatitis A	50	34	13	227	298	147
Hepatitis B	3	5	11	56	61	57
Salmonella	11	40	30	129	145	160
Shigella	24	58	35	214	256	193
TB	35	31	31	248	266	268
Gonorrhea	339	268	191	2473	2075	1727
Syphilis	36	32	10	508	296	117

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

CREDENTIALING ACTION

- San Francisco General Hospital: On behalf of the governing body, the following appointments and reappointments of SFGH Medical Staff were approved during July, August, September:

Appointments to the Active Staff:	1
Reappointments to the Active Staff:	10
Appointments to the Courtesy Staff:	4
Reappointments to the Courtesy Staff:	9
Appointments to the Affiliated Staff:	1
Reappointments to the Affiliated Staff:	2

Details are available in the Commission Office.

- Laguna Honda Hospital: On behalf of the governing body, three staff applications for medical staff were approved in September.

Details are available in the Commission Office.

5) SAN FRANCISCO GENERAL HOSPITAL PRESENTATION

Richard Cordova, Executive Administrator of SFGH, introduced members of the SFGH Executive Staff.

A. Annual Report

Mr. Cordova gave an overview of the following areas:

- Information About the Patients and the Community We Serve.
- Information About the Services Provided.
  - SFGH Utilization Statistics.
  - Acute Care Utilization in San Francisco Hospitals.
- Comments on Health Care Trends.
  - Changes in San Francisco
  - Health Care Reform
  - Medi-Cal Managed Care
- SFGH Financial Report.

Details of the Annual Report are available in the Commission Office.

Dr. Denise Rogers, Chief of Medical Staff-elect, reported the hiring of four new Chiefs of Services. To prepare for managed care, the Medical Staff has formed a clinical practice group (CPG).

B. Goals and Strategic Plan.

Diane Miller, Director of Planning and Management Services, provided an overview of the planning process in the development of a strategic plan to provide direction in the changing health care environment. Details of the process are available in the Commission Office.

C. Long Term Capital Expenditure Plan

Jerry Rankin, Associate Administrator, is in charge of reviewing the current use of space on campus, assessing the condition and replacement plans for the older buildings on campus, and identifying space and facilities issues.

Mr. Rankin presented the following:

SFGH Facilities Planning: Overview

- Integrated with Strategic Planning Effort
- Goals
  - Identify and address facilities and spaces issues in the context of a Strategic Plan for SFGH.
  - To produce an update to the SFGH Institutional Master Plan which will allow for future development, and set the stage for specific project planning.
  - To explore and realize opportunities for joint planning with UCSF.
  - To formulate this plan with community input via the SFGH Community Advisory Council.

SFGH Facilities Planning: Major Steps.

- Kaplan, McLaughlin, Diaz selected architectural consultants.
- Space Survey and Mapping.
- Facilities Assessment.
- Strategic Planning: programmatic review of facilities issues as SFGH prepares for the future.
- Coordination with UCSF Planning
  - SFGH Faculty research needs.
  - "Second Campus" and RFI considerations.
- Institutional Master Plan Update.
- Specific Project Proposals.

SFGH Facilities Planning: Emerging Themes.

- Facilities Assessment
  - Seismic Survey
  - Life Safety/ADA
- Strategic Assessment
  - Access
  - Acceptability
  - Efficiency
  - New Markets
- Development Potential
  - Old Buildings
  - New Development
  - SFGH Parking Garage
- UCSF: Opportunity for Joint Problem Solving

SFGH Facilities Planning: Next Steps

- Strategic Plan Development and Review
- Master Plan Update
- RFI Response: Keeping the Door Open

D. Project 2000.

Gene O'Connell, Associate Administrator for Clinical Services, gave an overview of the planning and preparatory activity of nursing on the effectiveness of computerized management systems, acuity tools, and their impact on clinical practice.

Detailed information on Project 2000 is available in the Commission Office.

E. Quality Management Program.

Sue Currin, Director of Quality Management, and Dr. John Luce, Medical Director for Quality Management, gave an overview of the preparation for the JCAHO focus survey in December and in organizing the Quality Improvement Program.

The Quality Management Program is responsible for overseeing quality improvement, licensing/accreditation, and risk management activities at SFGH. The program requirements are outlined in the 1994 Joint Commission on Accreditation of Healthcare Organizations ((JCAHO) Standards. The standards mandate organizations to design, measure, assess, and improve performance through a planned, systematic, organizationwide approach. The standards also require hospitals to monitor and evaluate systems and processes from a collaborative, interdepartmental, multidisciplinary perspective. The systems and processes studied must be prioritized based on the organization's strategic plan.

The changes in the Quality Management Department undertaken to meet the JCAHO Organizational Standards include:

- Restructuring staff assignments according to clusters, not disciplines.

- Implementing a concurrent medical record review process with the Utilization Management Case Managers. Concurrent reviews will focus on utilization, risk management, quality improvement, and infection control indicators.

- Reporting quality improvement activities through clusters and other specifically designed workgroups.

- Implementing a structured organizational improvement process based on the principles of continuous quality improvement and reengineering that is consistent with the strategic planning process.

F. Review of New JCAHO Governing Body Standards.

Sue Currin presented an overview of those changes in the 1994 JCAHO standards pertaining to the Governing Body. Details of the standards are available in the Commission Office.

G. Report from the SFGH Volunteers.

Kim Dunster, Volunteer's Director, reported the activities for 1992-93, including 85,072 hours of volunteer services to 58 different departments or programs at SFGH. Additionally, $60,000 worth of grants have been contributed to SFGH. A detailed report is available in the Commission Office.

6) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

Richard Cordova, Executive Administrator of SFGH, provided the following update on the Affiliation Agreement:

I. RECENTLY RESOLVED ISSUES.

A. Transfer of all City Physician Specialist Positions to the University.

Historically, attending physicians at SFGH have been hired on the City payroll, he University payroll, or on both payrolls. Both parties have been interested in eliminating the numerous problems raised by this dual hiring practice, but the administrative details have been complex and difficult to resolve. The last of these details have now been settled and a transfer date for moving all of the SFGH City positions over to the University has been targeted for July 1, 1994.

Now that the policy and financial matters involved with this issue have been resolved, labor attorneys for both parties must draft new language which reflects our agreement. The legal issues surrounding this issue are complex and require the attention of specialists in labor law. Unfortunately, due to the trial schedule of the University attorney, this work will not be started until the first week of November.

B. The Exchange of Non-Medical Services

The parties agreed early in the negotiation process that each party incurs expenses on behalf of the other. For example, the University incurs some administrative and insurance expenses on behalf of the City, and the City incurs some management and property expenses on behalf of the University. The parties had also agreed that these expenses would be offset against one another rather than trading cash and invoices back and forth.

Since the last presentation, we have also reached an agreement as to exactly what expenses are included in these setoffs. Additionally, we have also agreed to the language which describes this matter in the document itself.

II. SOLE REMAINING ISSUE: TERMINATION AND ANNUAL APPROPRIATION.

As discussed, the University is extremely reluctant to approve a new agreement which is subject to the City's annual appropriation of funds. At our last Joint Conference Committee meeting, we had reported that this issue had been resolved. Unfortunately, upon further investigation the University now reports that it is unable to agree to the solution we had proposed.

We have asked the University's legal counsel to continue to work with the City Attorney's Office to resolve this issue. We will also be setting up a meeting with Louise Renne, who has already been consulted on this matter, to seek additional assistance in finding a solution.

Mr. Cordova reported that a briefing was held for representatives from the Mayor's Office, the Controller's Office, the CAO's Office, the Purchasing Department, and the Civil Service Department. Additionally, a meeting with the business representatives of all the labor unions with members at SFGH was held.

One issue which was raised was whether the Affiliation Agreement is subject to Prop. J and the contracting out provisions of the Charter. The Department has been advised by the City Attorney's Office that since this agreement is of a proprietary or unique nature, it is not subject to Prop. J. However, the Department will still be required to obtain the approval of the Civil Service Commission.

Dr. Elliott Rappaport introduced Vice Chancellor Bruce Spaulding and Jackie Boyden of UCSF and emphasized the position of the University is to finalize this agreement and has been working in good faith to achieve this goal.

Commissioners urged both parties, the City and the University, to continue to reach this goal. President Jackson reported that the Affiliation Agreement will be calendared for every Commission meeting until an agreement is reached.

Commissioner Rosenstiel emphasized the need for both parties to accelerate the process in order for San Francisco to be competitive in the area of managed care.

7) CONSIDERATION OF A REVISED TRANSPORT POLICY OF THE PARAMEDIC DIVISION

Abbie Yant, Assistant EMS Director, and Dr. Charles Saunders, Medical Director of the SFGH Paramedic Division, provided an update on two new policy initiatives which address overuse of the EMS system by reducing the number of non-emergency transports, thereby making ambulances more readily available to respond to emergency calls.

Dr. Saunders described the two policies:

1. The Paramedic Initiated Non-Transport Policy reflects the evolving role of paramedics and recognition of the fact that a large number of requests for ambulance transport are for calls which do not require ambulance. Under this policy, a request for ambulance transport must have an emergency need. If, after evaluation by paramedics in the field, under strict criteria, the condition is determined to be minor, and does not require ambulance transport, then alternatives are recommended to the patient and a transport may not be provided.

2. The Multipatient Transport Policy allows SFGH Paramedic Division ambulances to transport more than one patient in an ambulance when the condition is very very minor and the patients are ambulatory. Restrictions are in place to reduce safety and infectious disease risks.

These policies only begin to address the complex problem of misuse of the EMS system. In July 1993, the EMS Agency approved the two policy initiatives for use and implementation as Pilot Programs within the SFGH Division.

President Jackson requested the Department to report back to the Commission the results of these Pilot Programs in six months (April 1994).

Commissioners commended the staff for their good work in addressing the problems on overuse of the EMS system but reminded the Department to bring policy issues or changes in policies to the Commission prior to implementation.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) EXECUTIVE SESSION: A. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $240,000 MEDI-CAL REIMBURSEMENT, CCSF V. STATE OF CALIFORNIA, SAN FRANCISCO SUPERIOR COURT NUMBERS 926607, 939690, 930235, 938972, 935548, 934356, 932028, 937161, AND 926607.

This item was postponed to a future meeting.

B. AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

The meeting was adjourned at 7:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

NOTICE FOR A SPECIAL MEETING

10:00 A.M. TO 12:00 NOON
Saturday, October 23, 1993
Board of Supervisors Chambers
City Hall
400 Van Ness Avenue, Second Floor
San Francisco, CA 94102

A. Review of Conflict of Interest Laws.

B. Review of the San Francisco Sunshine Ordinance and Related Laws.

At the request of Mayor Frank M. Jordan, the City Attorney's Office will conduct this seminar.

Disability Access

The Chamber is wheelchair accessible. The closest accessible BART Station is Civic Center, 2-1/2 blocks from City Hall. Accessible MUNI line serving this location is the #42 Downtown Loop, as well as the METRO stations at Van Ness and Market, and at Civic Center. For more information about MUNI accessible services call (415) 923-6142.

There is accessible parking in the vicinity of City Hall adjacent to Davies Hall and the War Memorial complex.

Assistive listening devices are available for use in the Board Chamber. Upon leaving identification, a device can be borrowed prior to or during the meeting from staff in Room #235.

The following services are available on request 72 hours prior to the meeting or hearing:

For American sign language interpreters or the use of a reader during a meeting, contact Violeta Mosuela at (415) 554-7704.
For a large print copy of an agenda, contact Moe Vazquez at (415) 554-4909.
For minutes of a meeting in alternative formats, contact Marie McKechnie at (415) 554-7722.

Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call the Accessibility Hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

September 21, 1993

01 Grove Street

San Francisco, CA 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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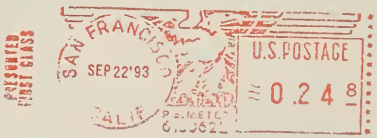

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Sandy Ouye Mori
Executive Secretary

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NOTICE

SPECIAL HEALTH COMMISSION MEETING
Monday, October 25, 1993
at 7:00 p.m.
and
Tuesday, October 26, 1993
at 4:30 p.m.
465 California Street, Suite #514
San Francisco, CA 94105

EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

(CLOSED)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MP
Acting Director

Sandy Ouye Mori
Executive Secretary

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NOTICE

SPECIAL HEALTH COMMISSION MEETING
Monday, November 1, 1993
at 7:00 p.m.
and
Thursday, November 4, 1993
at 6:30 p.m.
465 California Street, Suite #514
San Francisco, CA 94105

EXECUTIVE SESSION: (CLOSED) PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
November 2, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 19, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) Consideration of a supplemental appropriation of $342,819 which increases Substance Abuse's State Alcohol and Drug Revenues for the period July 1, 1993 through June 30, 1994.

(3.2) CHS - AIDS - Contract modification with UCSF AIDS Health Project, in the amount of $183,602 to provide anonymous HIV testing services (ATS), for the period July 1, 1993 through December 31, 1993. (DPH contracted with UCSF AIDS Health Project for services totaling $432,204 in FY 1992-93).

(3.3) CHS - AIDS - Modification to the contract with Larkin Street Youth Center, in the amount of $80,634, to provide emotional and practical support, and client advocacy for youth living with HIV, for the period of November 1, 1993 through June 30, 1994. (DPH contracted with Larkin Street Youth for services totaling $229,730 in FY 1992-93).

(3.4) DMS - CMHS - Renewal contract with Arriba Juntos - IAL, in the amount of $395,749 to provide day treatment services to severely emotionally disturbed adolescents ages 12-18 for the period July 1, 1993 through June 30, 1994. (DPH contracted with Arriba Juntos - IAL for services totaling $395,749 in FY 1992-93).

(3.5) DMS - CMHS - Request to allow the Department of Public Health to enter into an indemnification agreement with the County of Alameda for skilled nursing services.

(3.6) DMS - CSAS - Request to accept and expend a new grant in the amount of $11,137,500 from the U. S. Department of Health and Human Services/Center for Substance Abuse Treatment, through the State of California, to provide centralized substance abuse treatment enhancement and placement services for the period of September 30, 1993 through September 29, 1998.

(3.7) DMS - CSAS - Reconsideration of a contract and sole source request with the Youth Leadership Institute, Inc. in amount of $75,000/year to provide alcohol, drug and tobacco prevention, referral and education services to students in San Francisco's middle and high schools for the period of October 5, 1993 through June 30, 1997.

(3.8) DMS - CSAS - Renewal multiyear contract with Friendship House Association of American Indians, Inc., in the amount of $165,173/year, to provide residential substance abuse treatment, county master plan training, and alcohol/drug workplace services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Friendship House Association for services totaling $200,636 in FY 1992-93).

(3.9) C.O. - AB75 Project - Reconsideration of a renewal contract with Medicus Systems Corporation, in the amount of $249,000, to provide Fiscal Intermediary Services for the FY 1993-94 CHIP Program, for the period of Certification through March 31, 1995. (DPH contracted with Medicus Systems for services totaling $250,000 in FY 1992-93).

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **CONSIDERATION OF THE WAIVER OF THE M.D. REQUIREMENT FOR THE POSITION OF THE DIRECTOR OF PUBLIC HEALTH AND CONSIDERATION OF PRIORITY CHARACTERISTICS FOR THE POSITION.**

6) **CONSIDERATION OF A RESOLUTION FOR SFGH TO PURSUE RFI (REQUEST FOR INFORMATION) FROM UCSF ON SPACE USAGE**

7) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

8) **REPORT ON STATUS OF DISASTER PLANNING**

9) **UPDATE ON CLUSTER IMPLEMENTATION FOR THE MENTAL HEALTH SERVICES SYSTEM**

10) OTHER BUSINESS/PUBLIC COMMENTS*

11) EXECUTIVE SESSION: (CLOSED)

A. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," IN THE AMOUNT OF $41,000, MYRNA AND KIM JOHNSON V. CCSF, SUPERIOR COURT #944-804. (SFGH).

B. PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
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Melinda L. Paras
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 2, 1993
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 19, 1993

Action Taken: The Commission adopted the minutes of October 19, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Consideration of a supplemental appropriation of $342,819 which increases Substance Abuse's State Alcohol and Drug Revenues for the period July 1, 1993 through June 30, 1994.

(3.2) CHS - AIDS - Contract modification with UCSF AIDS Health Project, in the amount of $183,602 to provide anonymous HIV testing services (ATS), for the period July 1, 1993 through December 31, 1993. (DPH contracted with UCSF AIDS Health Project for services totaling $432,204 in FY 1992-93).

(3.3) CHS - AIDS - Modification to the contract with Larkin Street Youth Center, in the amount of $80,634, to provide emotional and practical support, and client advocacy for youth living with HIV, for the period of November 1, 1993 through June 30, 1994. (DPH contracted with Larkin Street Youth for services totaling $229,730 in FY 1992-93).

Commissioner Paras requested information on the status of comprehensive case management within the Department.
Commissioner Ludington reemphasized the importance of consolidation and collaboration among services for HIV youth.

(3.4) DMS - CMHS - Renewal contract with Arriba Juntos - IAL, in the amount of $395,749 to provide day treatment services to severely emotionally disturbed adolescents ages 12-18 for the period July 1, 1993 through June 30, 1994. (DPH contracted with Arriba Juntos - IAL for services totaling $395,749 in FY 1992-93).

Commissioner Jackson requested a 6-month monitoring report be referred to the Joint Conference Committee for Mental Health, Substance Abuse, and Forensics.

(3.5) DMS - CMHS - Request to allow the Department of Public Health to enter into an indemnification agreement with the County of Alameda for skilled nursing services.

(3.6) DMS - CSAS - Request to accept and expend a new grant in the amount of $11,137,500 from the U. S. Department of Health and Human Services/Center for Substance Abuse Treatment, through the State of California, to provide centralized substance abuse treatment enhancement and placement services for the period of September 30, 1993 through September 29, 1998.

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June 30, 1997. (DPH contracted with Friendship House Association for services totaling $200,636 in FY 1992-93).

(3.9) C.O. - AB75 Project - Reconsideration of a renewal contract with Medicus Systems Corporation, in the amount of $249,000, to provide Fiscal Intermediary Services for the FY 1993-94 CHIP Program, for the period of Certification through March 31, 1995. (DPH contracted with Medicus Systems for services totaling $250,000 in FY 1992-93).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

MANAGED CARE

- Update on Managed Care Developments: The Steering Committee to develop a Local Initiative in San Francisco has held two meetings to date; the next meeting is scheduled for November 10, 1993 from 6:00 - 9:00 p.m. at the San Francisco Medical Society at 1409 Sutter Street. The Steering Committee has finalized its mission statement, roles and responsibilities, operating procedures, developmental timetable, and has elected two Co-Chairs: Dr. David Soffa, of the San Francisco Medical Society and myself, representing the Department. A Legal/Governance workgroup has been formed to assess the various governance options in developing a legal entity; and a Budget/Finance workgroup has been formed to develop a detailed budget and financial plan.

  The DPH Managed Care Steering Committee has recently expanded its membership to include: Dr. Mary Anne Johnson representing Laguna Honda Hospital and long term care; Gene O'Connell representing Hospital Utilization Management, Nursing, and Education; Nancy Presson representing Mental Health; and Elliot Rapaport representing the UCSF Dean's Office at SFGH. The committee continues to meet every two weeks to prepare the Department of Public Health for the transition to managed care.

DPH BUDGET - FY 1994-95

- Budget Instructions: The Mayor's Budget Instructions for FY 1994-95 are expected to be issued next week. Under the leadership of Ms. Susan Ehrlich, Director of Budget and Planning, the Department has already begun preparing for the 1994-95 budget. The Executive Staff has developed a budget calendar to guide staff through the various stages of the baseline budget submission and is also in the process of establishing general guidelines and principles for the development of the 1994-95 budget.

  In recognition of the many challenges that will face this Department in the next fiscal year - the continuing downturn in the economy and state and national health care reform, the Executive Staff is working on a process for staff participation and communication at all levels of the organization.

BUDGET AND PLANNING DIRECTOR

- Resignation: Ms. Susan Ehrlich, Director of Budget and Planning, has announced her resignation from the Department of Public Health effective November 19, 1993. Susan will begin taking classes in the spring semester and plans to apply for medical school in the fall of 1994.

  Ms. Ehrlich has been with DPH since December of 1990, first as the Budget Director under Dr. Baxter and since July 1991 as the Budget and Planning Director. Prior to this, she worked for almost two years as the budget analyst for the Health Department in the Mayor's Office. Susan has been instrumental in implementing a departmentwide budget process. She has guided the DPH budget through three critical and difficult years and through her leadership has laid the groundwork for both managed care and financial restructuring of the Department. Susan will be deeply missed.

  While Susan's departure is a tremendous loss for DPH, I know the Health Commission joins the Department staff in wishing her well as she takes her

commitment to public health to new challenges. We fully expect to see Susan in the next decade as a talented, dedicated new physician at San Francisco General Hospital.

I will be making an interim appointment prior to Ms. Ehrlich's departure.

In behalf of the Commission, President Jackson commended Ms. Ehrlich for her fine work and wished her well in her new career.

SAN FRANCISCO GENERAL HOSPITAL

- National Health Care Press Conference: Richard Cordova, Executive Administrator of SFGH participated in a press conference held by Richard Celeste, Chairman of the National Health Care Campaign and former Governor of Ohio, at San Francisco General Hospital on October 25. Several leaders from the Bay Area health care community were on hand to state their view on the National Health Care Plan. Other speakers included: Mary Frank, M.D., Academy of Family Physicians; Linda Sawyer, President of the California Nurses Association; Marie Ferrer, Health Access; Cliff Waldeck, Waldeck Stationers; and Paul Varacalli, SEIU International.

- Community Advisory Council (CAC): On October 5, the first meeting of its newly seated Community Advisory Council (CAC) was held at San Francisco General Hospital. The CAC was formed for the purposes of advising the Executive Administrator of community health care needs, representing the needs and concerns of the various communities which reside in San Francisco, and reviewing and evaluating specific hospital plans and objectives as requested by the Executive Administrator.

  The selection process began in June with identification, recruitment and selection of representatives from various communities, neighborhoods, ethnic groups, and professional organizations. Twenty members were selected and the membership includes representation from: SFGH patients, neighbors, business leaders, planners, community organizations, medical professionals, and community advocates. Five additional slots remain to be filled.

  The group is already demonstrating a keen interest in the future of the hospital, its role in the era of health reform and will have an opportunity to provide input on SFGH's strategic planning process.

- 13th Annual Employee Recognition Banquet: On October 8, SFGH held the Annual Employee Recognition Dinner honoring over 325 employees and their guests. With the theme, "We Keep Going...and Going...and Going", the honorees were recognized for having served between 10 to 47 years at SFGH. Special achievement awards were presented to eight individuals and six department teams.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office: At the last meeting of the Health Commission, we reported on the Women's Seroprevalence Study and the Women's Health Behavioral Survey. A copy of the reports will be submitted to each Commissioner. The AIDS Office will discuss in Joint Conference any questions the Commissioners may have regarding these reports.

- Smoking Ordinance: The Department is happy to announce that the Board of Supervisors yesterday unanimously adopted a new ordinance that will prohibit smoking in most workplaces. The following exemptions were approved as part

of the ordinance, bars, bar areas of restaurants, the concourses and ramps outside of the seating areas of Candlestick Park; private suites and corridors to private suites in Candlestick Park; bingo parlors, and private homes. The latter would exempt family day care centers. Finally, the new law would require that a minimum of 75% of hotel lobby areas are designated as non-smoking areas and at least 35% of hotel and motel rooms must be designated as non-smoking.

The workplace provisions go into effect on February 1, 1994. The restaurant provision is to go into effect on January 1, 1995.

- Director of Pharmaceutical Care: Community Public Health Services is pleased to report the appointment of Brian S. Katcher, Pharm.D., as Director of Pharmaceutical Care. Dr. Katcher, who was formerly the clinical pharmacy consultant to the SRx: Senior Medication Education Program, is the author of "Prescription Drugs: An Indispensable Guide for People Over 50". In addition, Dr. Katcher - who has edited several clinical pharmacy textbooks and is the author of two major 1993 research papers about the medical consequences of heavy drinking - has long standing ties with the School of Pharmacy at UCSF. He is also a reviewer for the American Journal of Public Health.

  Dr. Katcher will work with the Department's Pharmacy Task Force and will establish a formal pharmacy delivery system for the Primary Care Network. This pharmacy system will provide easier medication access and should improve clinical outcomes and quality of life for our clients, in addition to laying the groundwork for Medi-Cal managed care. Dr. Katcher will also be a consultant to the various CPHS programs that involve medications. Dr. Sandra Hernandez is extremely pleased to have him join the CPHS management staff.

- Resignation of Chief, Non-Infectious Disease Epidemiology: Dr. Alvaro Garza has submitted notice that he will be leaving DPH as of November 30, 1993 to assume a position with the California Department of Health Services. As our Chief of Non-Infectious Disease Epidemiology, Dr. Garza has taken a lead in projects such as childhood lead poisoning, injury mortality and morbidity, cancer incidence and suspected clusters, and general mortality in San Francisco. We will miss Dr. Garza's contributions to this Department. We know the Commission joins us in congratulating him on his new position as a physician for the State's lead poisoning program.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Ella Hill Hutch Community Center: In response to the tragic shooting incident in the Western Addition, DMS staff assisted in providing psychological assistance to the members and staff at the Ella Hill Hutch Community Center, who were acutely grieving the loss of a beloved community advocate. Ms. Valerie Edwards from the Westside Community Crisis Services and Ms. Cynthia Selmar from DPH met with people at the Center on October 22 to assist them in dealing with their distress. Ms. Edwards will also be available for individual follow-up meetings.

- San Diego Lawsuit: Last month, an update of the long standing San Diego lawsuit was provided to the Health Commission. Since 1988, San Diego County had been legally challenging the State's system of allocating mental health funds and hospital beds. If San Diego had prevailed, realignment funding allocations to other counties could have been adversely affected. I am

pleased to report that the Court of Appeals has ruled in favor of the State and "over-equity" counties. Assuming that San Diego does not submit a review by the California Supreme Court within the next five weeks, the matter will be closed. The City Attorney's Office, in cooperation with San Mateo and other "over-equity" counties, successfully defended the City's interests throughout the many court proceedings.

- Senate Hearing on Mental Health Homeless: Senator Milton Marks is conducting an interim hea ing of the Senate Subcommittee on the Rights of the Disabled on Homelessness and Mental Illness. This will occur on Wednesday, November 3, from 9 a.m. to 12:30 p.m. at 455 Golden Gate Avenue. Department staff have been invited to present testimony. Jeff Jue, Deputy Director of Health for DMS will present testimony from the mental health and substance abuse perspective.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Wilson High School: On October 21, Fire Dispatch called Toxics for assistance to an emergency at Wilson High School. Pepper mace had been released in the school by two students resulting in the transport of twenty-two students and two teachers to various hospitals for treatment. An active ingredient in pepper gas causes immediate burning to eyes, nose, and throat and while it is not normally dangerous to healthy individuals, it is a problem to asthmatics and people with impaired lung conditions.

OCTOBER STATISTICS

All statistics for the month of October will be reported in the next Director's Report.

5) CONSIDERATION OF THE WAIVER OF THE M.D. REQUIREMENT FOR THE POSITION OF THE DIRECTOR OF PUBLIC HEALTH AND CONSIDERATION OF PRIORITY CHARACTERISTICS FOR THE POSITION

Public Speaker: Naomi Gray, former Health Commissioner

Action Taken: The Commission approved Resolution #27-93 (Attachment A), "Approving the Waiver of the Requirement that the Person Appointed to Fill the Position of Director of Public Health Be a Physician."

6) CONSIDERATION OF A RESOLUTION FOR SFGH TO PURSUE RFI (REQUEST FOR INFORMATION) FROM UCSF ON SPACE USAGE

Richard Cordova, Executive Administrator of SFGH, recommended to the Commission to respond to UCSF's Request for Information (RFI), seeking proposals for the location and development of approximately 100,000 gross square feet of a basic molecular biology research laboratory.

Action Taken: The Commission approved Resolution #28-93 (Attachment B), "Supporting Department of Public Health to Respond to the UCSF Request for Information".

7) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

Richard Cordova, Executive Administrator of San Francisco General Hospital, presented the following update, emphasizing the top priority commitment to resolve the remaining issues:

1. **The Exchange of Non-Medical Space**

This issue has been completely resolved. The parties have agreed that certain expenses that each party incurs on behalf of the other will be offset against one another, rather than trading cash and invoices back and forth. Additionally, the language to describe this arrangement has been drafted and agreed upon by the parties.

2. **The Transfer of all City Physician Specialist Positions to the University**

The policy and financial issues regarding the transfer of all City physician specialist positions to the University has also been resolved. We have now turned this matter over to the labor lawyers for both parties to draft language which reflects our agreement and addresses the complex legal issues which this transfer entails. The attorneys will be having their first meeting on November 4 and we will be having a representative attend those meetings and tracking their progress closely.

3. **Termination and Annual Appropriation**

The issue regarding the Charter requirement which subjects all City contracts to an annual appropriation of funds is proving to be the most difficult to resolve. Per the Commission's recommendation, we are setting a meeting with Louise Renne and the University's General Counsel. Meanwhile, the City Attorney's Office is continuing to work with the University's counsel in developing draft contract provisions and alternatives which can be discussed with Louise Renne.

8) REPORT ON STATUS OF DISASTER PLANNING

Dr. Larry Meredith, Deputy Director of Operations, reported that DPH is responsible for coordinating the medical and public health response in a major disaster. The Department established a program to focus on disaster planning and appointed a DPH Emergency Response Committee as the advisory group.

Jorge Palafox, EMS Specialist, provided the following overview of the DPH Emergency Response Program:

A. Objectives of the Program are:

- to establish policy for DPH disaster operations.
- To identify an organizational structure to manage disaster operations.
- to provide guidelines for unit-specific plan development.
- to develop a network of departmental disaster planner.
- to establish a forum for discussion of current disaster planning concepts.
- to provide input on the revision of the City's Emergency Operations Plan (EOP).

B. Accomplishmens of the Program are:

- developed the DPH Emergency Response Plan.
- conducted three exercises to train key executive staff and support personnel to emergency response roles.
- activated DPH Command Post at 101 Grove Street.
- purchased emergency supplies and equipment.

C. Major issues to be addressed are:

- Developing intradepartmental communication systems, standards and procedures that are compatible with other City departments and the Mayor's Office of Emergency Services.
- determining the process for data collection and maintenance.
- training DPH personnel to roles and responsibilities for emergency response.

The DPH Emergency Response Committee works with the Mayor's Office of Emergency Services to ensure the City's Emergency Operations Plan reflects current DPH operations for medical and public health response.

9) UPDATE ON CLUSTER IMPLEMENTATION FOR THE MENTAL HEALTH SERVICES SYSTEM

Jeff Jue, Deputy Director for Mental Health and Substance Abuse, provided an overview of the reorganization of mental health services, which began in November 1992 and which was a response to: 1) the growing cost of high end institutional care; 2) a community based system that was decentralized, confusing, and fragmented, and 3) declining city general fund support for mental health programs.

The objectives of the reorganization were to: 1) develop a coherent system of coordinated care, 2) prioritize services to the most seriously mentally ill, 3) reduce cost and reliance on high end institutional care, and 4) organize services in preparation for a managed care environment.

Phase I Implementation was in three areas:

1. Single Point of Entry.
2. Single Point of Responsibility or Coordinated Services.
3. Linkage of individuals Being Treated in Acute Services with Clusters.

Mr. Jue highlighted the implementation issues to include multiple changes (i.e. - fee-for-service reimbursement, rehab option model, performance-based contracting), budget uncertainties, reduced capacity, unpredictable personnel policies, specialty and citywide services, and provider input in the decision-making process.

The progress towards the reorganization objectives are reflected in reduced state hospital utilization, improved access to locked skilled nursing facilities, improved coordination, and improved gatekeeping.

Mr. Jue emphasized that while there is general consensus on the reorganization concept, the impact on operations and service modalities has been immense and more complicated than anticipated. He reported the Division's efforts in the next phase is to build linkages to acute services, provide focused training to improve the new roles and functions of providers, develop the specialty cultural focused networks, and continue to clarify and define the system of care.

Commissioners commended the staff for their hard work on the difficult task of reorganizing a mental health system in preparation for managed care and health care reform.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) EXECUTIVE SESSION: A. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," IN THE AMOUNT OF $41,000, MYRNA AND KIM JOHNSON V. CCSF, SUPERIOR COURT #944-804. (SFGH).

Action Taken: The Commission approved the settlement in the amount of $41,000, Myrna and Kim Johnson v. CCSF, Superior Court #944-804.

EXECUTIVE SESSION: (CLOSED) B. PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

The meeting was adjourned at 9:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 27-93

APPROVING THE WAIVER OF THE REQUIREMENT THAT THE PERSON APPOINTED TO FILL THE POSITION OF DIRECTOR OF PUBLIC HEATH BE A PHYSICIAN

WHEREAS, Charter Section 3.696 gives the Health Commission the power to appoint the Director of Public Health; and

WHEREAS, Charter Section 3.696 further provides that the Director of Public Health shall be a regularly licensed physician in the State of California, with not less than five years' experience in public health administration immediately preceding his or her appointment thereto; provided, however, that the physician requirement may be waived by the Health Commission; and

WHEREAS, the Health Commission has undertaken a process for selecting a Director of Public Health and has received a number of applications for the position; and,

WHEREAS, some of these applications may be from persons who are not regularly licensed physicians in the State of California; and

WHEREAS, it is not uncommon for non-physicians to serve as the Chief Executive Officer of county health departments; and

WHEREAS, the determination whether to appoint a physician or non-physician cannot be made at this point in the selection process, but can only be made when individual applicants are evaluated; and

WHEREAS, the Health Commission believes that the absence of a medical degree should not automatically disqualify an otherwise qualified person from consideration in the selection process; and

WHEREAS, the Health Commission further believes that consideration of all applicants, including non-physician applicants, will provide the best opportunity for finding the most qualified person for the position; and

WHEREAS, the waiver of the physician requirement at this stage of the selection process does not in any way preclude the Health Commission from appointing a person to serve as Director of Public Health who is a physician; now, therefore, be it

RESOLVED, that the Health Commission hereby waives the requirement that the person appointed to fill the position of Director of Public Health be a physician.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 2, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-93

SUPPORTING DEPARTMENT OF PUBLIC HEALTH TO RESPOND TO THE UCSF REQUEST FOR INFORMATION

WHEREAS, the City and County of San Francisco (the City) and the Department of Public Health (DPH) have enjoyed a long and valued relationship with the University of California at San Francisco (UCSF), particularly through its affiliation and presence at San Francisco General Hospital (SFGH); and

WHEREAS, UCSF, in addition to its leadership role in patient care, the training of future generations of care givers, and the advancement of medical knowledge and treatment, is a major economic force within the San Francisco community; and

WHEREAS, UCSF faces a severe shortage of laboratory space in which to conduct basic melecular biology research; and

WHEREAS, UCSF published on October 5, 1993 a Request for Information (RFI) seeking proposals for the location and development of approximately 100,000 gross square feet of basic molecular biology research laboratory; and

WHEREAS, responses to the RFI are due November 22, 1993; and

WHEREAS, a response to the RFI represents an exploration of opportunities, and a description of how the City could go about facilitating the development of such a laboratory on the SFGH grounds; and

WHEREAS, such a response is nonbinding at this stage, but keeps the door open to further explore this matter with UCSF, to discuss this opportunity with the community, and to develop a more complete proposal with representatives of City agencies; and

WHEREAS, a binding agreement, should one develop, would be presented for approval to the Health Commission, Mayor's Office, and Board of Supervisors; and

WHEREAS, such research is consistent with the type of research that has been conducted at SFGH for many years, and would greatly enhance the efforts of the medical staff at SFGH to understand, prevent, and treat diseases such as those caused by HIV, TB, and environmental factors; and

WHEREAS, DPH has the need to initiate the relocation of clinics and other programs in response to the seismic and life safety condition of its aging buildings at SFGH; and

WHEREAS, DPH must prepare to meet the needs of its patient population in a managed care environment, by provision of easily accessible and efficiently designed clinical space; and

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-93 (Cont'd.)

WHEREAS, the RFI presents an opportunity to explore with UCSF the possibility for joint problem solving in the development of a mixed use research and clinic facility at SFGH; now, therefore, be it

RESOLVED, that the Health Commission does strongly support a DPH response to the RFI, and directs its staff to prepare a response, working with appropriate City agencies, to initiate discussion of this opportunity with the community, and further directs its staff to report regularly on its progress.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 2, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

NOTICE

FOR A

SPECIAL MEETING

Monday, November 8, 1993
7:00 p.m.
The Alexander Group
465 California Street
San Francisco, CA 94104

EXECUTIVE SESSION: (CLOSED) PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

NOTICE

FOR

HEALTH COMMISSION MEETING

The November 16, 1993 Health Commission meeting will be held at:

3:00 p.m.
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Boulevard
San Francisco 94116.

The Budget Committee will also meet at Laguna Honda Hospital, time to be announced later.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

November 16, 1993
3:00 P.M.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 2, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Presentation of the First Quarterly Department of Public Health Budget Report for FY 1993-94.

(3.2) Consideration of a six-months Department of Public Health supplemental for January-June 1994.

(3.3) Request for supplemental appropriation in the amount of $200,000 to support the SSI Resource Center (January-June 1994).

(3.4) Request for supplemental appropriation approval in the amount of $20 million to permit the Department to participate in Round 7 of SB 1255 (subject to State approval).

(3.5) CHS - AIDS - Renewal contract with San Francisco Women's Centers (SFWC), Inc. as fiscal agent for Lavender Youth Recreation and Information Center (LYRIC), in the amount of $98,330, for the provision of HIV prevention and education services to gay and bisexual young men, for the period of July 1,1993 through June 30, 1994. (DPH contracted with San Francisco Women's Centers for services totaling $75,000 in FY 1992-93).

(3.6) DMS - CMHS - Renewal contract with Mental Health Management I, Inc. D.B.A. Canyon Manor in the amount of $2,593,194 per year to provide subacute locked skilled nursing partial day and 24-hour services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Mental Health Management for services totaling $2,589,919 in FY 1992-93).

(3.7) DMS - CMHS - Renewal contract with Progress Foundation, in the amount of $3,749,603, to provide 24-hour residential, partial day and case management services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Progress Foundation for services totaling $3,683,207 in FY 92-93).

(3.8) DMS - CSAS - Contract renewal with Haight Ashbury Free Clinics, in the amount of $2,566,028 per year, to provide comprehensive substance abuse treatment services, for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Haight Ashbury Free Clinics for services totaling $5,113,238 in FY 1992-93).

(3.9) DMS - CSAS - Renewal Agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone, to provide multiple offense driving-under-the-influence (DUI) services, for the period of July 1, 1993-June 30, 1997. (DPH contracted with Mission Council on Alcohol Abuse for services totaling $125,585 in FY 1992-93).

(3.10) DMS - CSAS - Renewal contract with St. Vincent de Paul Society of San Francisco, in the amount of $800,833 per year, to provide substance abuse treatment services, for the period of July 1, 1993 through June 30, 1997. (DPH contracted with St. Vincent de Paul Society of San Francisco for services totaling $870,170 in FY 1992-93).

(3.11) DMS - CSAS - Request to approve the San Francisco Demonstration County Alcohol and Drug Program Plan as prepared by the Department of Public Health, Division of Mental Health and Substance Abuse Services for Fiscal Year 1993-94, for submission to the State of California, Department of Alcohol and Drug Programs.

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

6) **ANNUAL REPORT ON LAGUNA HONDA HOSPITAL**

I. Executive Summary.
II. Vision, Values, Mission and Goals.
III. Future Directions.
IV. Facility Replacement Plans.
V. FY 1992-93 Financial Performance Report.
VI. Quality Improvement Programs.
VII. Major Accomplishments and Operational Highlights.

7) OTHER BUSINESS/PUBLIC COMMENTS*

8) EXECUTIVE SESSION:

A. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," PAUL A. CORTES ET AL V. CCSF ET AL, SUPERIOR COURT #936-158, (SFGH).

B. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," JONATHAN PESNER V. CCSF ET AL, SUPERIOR COURT #946-980, (LHH).

C. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT FOR MEDI-CAL REIMBURSEMENT , CCSF V. STATE OF CALIFORNIA, SAN FRANCISCO SUPERIOR COURT NUMBERS 926607, 939690, 930235, 938972, 935548, 934356, 932028, 937161, AND 926607.

D. PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 16, 1993
3:00 P.M.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.

Absent: Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 2, 1993

Action Taken: The Commission adopted the minutes of November 2, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Presentation of the First Quarterly Department of Public Health Budget Report for FY 1993-94.

Commissioner Kaufman requested monthly updates on SFGH revenues and expenditures to the Budget Committee.

(3.2) Consideration of a six-months Department of Public Health supplemental for January-June 1994.

(3.3) Request for supplemental appropriation in the amount of $200,000 to support the SSI Resource Center (January-June 1994).

The Commission requestd staff to report back to the Commission clarification of the salary level of the 1426 Clerk Typist position before hiring.

(3.4) Request for supplemental appropriation approval in the amount of $20 million to permit the Department to participate in Round 7 of SB 1255 (subject to State approval).

(3.5) CHS - AIDS - Renewal contract with San Francisco Women's Centers (SFWC), Inc. as fiscal agent for Lavender Youth Recreation and Information Center (LYRIC), in the amount of $98,330, for the provision of HIV prevention and education services to gay and bisexual young men, for the period of July 1,1993 through June 30, 1994. (DPH contracted with San Francisco Women's Centers for services totaling $75,000 in FY 1992-93).

Commissioners requested this contract be referred to the Joint Conference Committee on Public Health, AIDS and EMS for pre and post-test results, units of service provided, and how units of service are quantified. Commissioner Ludington requested a membership list of the Board of Directors of the fiscal agent.

(3.6) DMS - GMHS - Renewal contract with Mental Health Management I, Inc. D.B.A. Canyon Manor in the amount of $2,593,194 per year to provide subacute locked skilled nursing partial day and 24-hour services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Mental Health Management for services totaling $2,589,919 in FY 1992-93).

Commissioner Jackson requested this contractor show improvement in its affirmative action plan. This contract will be referred to the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

(3.7) DMS - GMHS - Renewal contract with Progress Foundation, in the amount of $3,749,603, to provide 24-hour residential, partial day and case management services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Progress Foundation for services totaling $3,683,207 in FY 92-93).

(3.8) DMS - CSAS - Contract renewal with Haight Ashbury Free Clinics, in the amount of $2,566,028 per year, to provide comprehensive substance abuse treatment services, for the period of July 1, 1993 through June 30, 1997.
(DPH contracted with Haight Ashbury Free Clinics for services totaling $5,113,238 in FY 1992-93).

(3.9) DMS - CSAS - Renewal Agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone, to provide multiple offense driving-under-the-influence (DUI) services, for the period of July 1, 1993-June 30, 1997. (DPH contracted with Mission Council on Alcohol Abuse for services totaling $125,585 in FY 1992-93).

This item was postponed.

(3.10) DMS - CSAS - Renewal contract with St. Vincent de Paul Society of San Francisco, in the amount of $800,833 per year, to provide substance abuse treatment services, for the period of July 1, 1993 through June 30, 1997.

(DPH contracted with St. Vincent de Paul Society of San Francisco for services totaling $870,170 in FY 1992-93).

Commissioner Kaufman referred this contract for follow-up monitoring to the Joint Conference Committee on DMSF. She also inquired as to why the Director of the contract agency did not respond to the Advisory Board recommendations.

(3.11) DMS - CSAS - Request to approve the San Francisco Demonstration County Alcohol and Drug Program Plan as prepared by the Department of Public Health, Division of Mental Health and Substance Abuse Services for Fiscal Year 1993-94, for submission to the State of California, Department of Alcohol and Drug Programs.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.9, which was postponed.

4) DIRECTOR'S REPORT
(Sandra Hernandez, M.D., Acting Director)

FY 1994-95 BUDGET

- Mayor's Budget Instructions: On November 8, the Mayor's Office issued the budget instructions for fiscal year 1994-95. The Mayor's Office anticipates that the City and County will continue to experience fiscal problems in 1994-95. As a result, the Department expects that it will be asked to submit a 1994-95 proposed budget with significant reductions in general fund support. Proposed budgets for FY 1994-95 are due to the Mayor's Office by February 1, 1994.

  The budget instructions detail a number of areas in which the Mayor's Office would like city departments to reduce costs. The instructions also emphasize the need for departments to maximize and leverage non-City funds. This is one area in which the DPH has consistently outperformed over the past several years. Currently, over 80% of the Department's funding for FY 1993-94 comes from either federal or state sources.

  The Mayor's Office intends to assign a general fund allocation to each department for the next fiscal year. The Executive Budget Committee will be meeting later this week to discuss the Department's approach to the development of its baseline budget.

  As part of the Department's efforts to increase communications and involvement of all DPH staff in the budget process, a letter was distributed to all employees today. The letter outlines the many changes facing the Department of Public Health - managed care, national health care reform, financial restructuring to "re-tool" the health care delivery system, as well as the continuing prolonged downturns in the economy. Through written communications and townhall meetings, the Executive Staff is committed to continuing to keep our staffs informed and involved during the budget process.

SAN FRANCISCO GENERAL HOSPITAL

- Psychiatry: For the second year in a row, the Psychiatric Unit of SFGH received a zero percent disallowance from the State Department of Mental Health Medi-Cal reviewers. Dr. Robert Okin, Chief of Psychiatry credits the turn around in the disallowance rate (49% four years ago) to the intensive and invaluable assistance provided last year by staff of the Division of Mental Health to the hospital's psychiatric unit.

LAGUNA HONDA HOSPITAL

- Cooperative Relationships with SFGH: The Laguna Honda Hospital Medical Director and the Chiefs of Service at San Francisco General Hospital have been meeting regarding areas in which the two facilities can work together more closely. A procedure for direct admission from Laguna Honda to San Francisco General has been developed and discussions are under way regarding a closer working relationship around consultations.

  Arrangements have also been made to have the San Francisco General Hospital Chiefs of Service tour Laguna Honda Hospital or provide Grand Rounds or other conferences.

- Community Development Grant/ADA Compliance: The Mayor's Office has notified Laguna Honda that its ADA Access Improvement Grant application has been recommended for funding for $67,000 from the Community Development Block Grant Program (CDBG). The Mayor's final (CDBG) proposal is expected to be heard by the Board of Supervisors on November 17. Laguna Honda Hospital intends to use these funds to improve access to the facility for the physically challenged. This work will be part of the hospital's Phase I Plan for compliance with ADA requirements.

- Annual Boutique: The 20th Annual Boutique, sponsored by Laguna Honda Hospital Volunteers, Inc., is being held today. Handmade woodworking and sewing items, as well as plants and international foods, are on sale on the 4th floor Volunteers Lounge. Proceeds from the event will be used for the patients of Laguna Honda Hospital.

COMMUNITY PUBLIC HEALTH SERVICES

- Appointment of Health Promotion and Education Director: Dr. Sandra Hernandez is pleased to announce the appointment of Garth B. Collins to the position of Director of the Bureau of Health Promotion and Education. He has been acting administrator of the Bureau since 1987.

  Mr. Collins has been with the Department since 1983 when he served as Health Educator at District Health Center #2. In June of 1985 he was promoted to Senior Health Educator and assigned as Coordinator of Staff Development and Training in the Bureau of Health Promotion and Education. In addition to supervising the health educators in the district health centers, his major responsibilities include administrative oversight of program budgets, management of resources, and providing direction for the development of health education services in the division.

  We ask that you join us in congratulating Garth Collins on his promotion and in sharing our confidence in his ability to carry out his now officially assigned duties.

- AIDS Office Staff Changes: Community Public Health Services regrets to announce the departure of the AIDS Office Health Services Branch Chief Sophia Chang, M.D., on leave of absence beginning December 1, 1993. Dr. Chang, who has been with the Department since April of 1990, is leaving to continue her research in health care utilization. Among her many achievements, the Department acknowledges her exceptional ability and leadership in developing implementation of Ryan White CARE funding and her role in co-chairing the Managed Care Clinical Implementation Committee.

Steve Mills, Epidemiologist in the AIDS Office Prevention since August 1991, will be leaving at the end of January to pursue epidemiological studies in Thailand. Mr. Mills has played a leading role in developing the AIDS Office Youth Prevention Evaluation and shared authorship of the comprehensive plan for needle exchange. The Department extends our best wishes to him in his new pursuits and look forward to his return to the Department.

Judith Weld has worked for the AIDS Office since June 1990 as its principal RFP coordinator. In this role she has contributed immeasurably to the streamlining of both contract monitoring and RFP procedures. She will be leaving in mid-December to continue her studies in pursuit of an MFCC certificate and a career in family counseling.

- Public Health Nursing Centennial Banner: Norma Faris Taylor, PHN, at District Health Center #3 was the lucky winner of the Public Health Nursing Centennial Banner which was raffled at the Public Health Nursing Section luncheon at the APHA Conference. Ms. Taylor has graciously loaned the beautiful banner to the Health Department and CPHS Nursing to enjoy. The banner is hanging in Room 204 and Commissioners are invited to see the contributions of public health nursing beautifully detailed in this commemorative banner.

  The Centennial Banner is a handcrafted hanging quilt created in celebration and appreciation of the contributions of Public Health Nursing in promoting healthy communities. Depicted in the quilt are modes of service delivery, major health issues, cultural diversity of clients, public health nursing tools, and the universality of public health nursing practice - past, present, and future. The four feet high, eight feet wide banner was designed and created by members of the Santa Clara County Public Health Nursing Department.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Westside Community Crisis Clinic: The relocation of the Westside Crisis Clinic has been complicated due to the late availability of the new site and the permit process for remodeling the facility. This has created considerable problems for the landlords and developers of Westside's current location. The scheduled new construction on the site has been delayed with growing fiscal consequences. The Division staff is meeting regularly with Westside management and the developers to regularly review progress and options. A worst case scenario would be a formal eviction and potential time limited reduced service capacity. The Department will keep the Commission appraised of the developments on this issue.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Asbestos Settlement: The District Attorney's Office has reached a $25.000 settlement with two asbestos removal companies who allegedly neglected to remove asbestos from homes they were paid to clean up. Toxics staff performed numerous inspections and samplings in support of this investigation by the D.A.'s Office.

- Presidio: Toxics staff worked with the Presidio Council, Mayor's Office, National Park Service and the Army in the development of a Toxics Forum for the public on Saturday, November 6.

DPH HOLIDAY PARTY

- Festivities at Furniture Mart: Through the assistance of Commissioner Arthur Jackson, this year's holiday party will be held in the beautiful lobby of the Furniture Mart at 1355 Market St. on Friday, December 17 from 5:30 p.m. Commissioners are invited to join the Department staff at this annual festivity.

OCTOBER STATISTICS

- AIDS Statistics (from 7/1/81 to 10/30/93)

Total San Francisco cases:	17,993	
Total San Francisco deaths:	11,496	
Total S.F. cases for October:	245	*
Total S.F. deaths for October:	137	

*Includes 193 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital
Inpatient

Average Daily Census (except newborns):	256	
Newborn Nursery:	21	
Actual Patient Days (except newborns):	7,924	
Newborn Nursery:	645	
Admissions (except newborns):	1,429	
Newborn Nursery:	158	
Average Length of Stay (except newborns):	5	
Newborn Nursery:	4	
Discharge Patient Days (except newborns):	7,968	
Newborn Nursery:	608	
Discharges (except newborns):	1,464	
Newborn Nursery:	160	

Outpatient Visits
Primary Health

Family Health:	3,005
General Medicine:	1,810
Pediatric:	2,386
OB/GYN:	2,568
Specialty Clinics:	9,380

Non-admit Emergency Visits

Emergency Room:	4,872
Psychiatric Emergency Services:	384

- Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	10
Clarendon Hall:	164
AIDS/Hospice SNF:	26

- Mental Health

SFGH/Acute Psychiatric Beds:	77
(13 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	1

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,198
Health Center #2:	623
Health Center #3:	971
Health Center #4:	1,097
Health Center #5:	876
Tom Waddell Clinic:	3,077
Potrero Hill Health Center:	661
Southeast Health Center:	764
Special Programs for Youth:	2,540
TOTAL VISITS:	11,807

Disease Control

TB Clinic:	1,842
City Clinic:	1,477

- Bureau of Epidemiology and Disease Control
  Reportable Diseases

	4 Week Period Ending 10/30/93			Year to Date		
	1991	1992	1993	1991	1992	1993
AIDS*	139	134	239**	1725	1553	4342**
Campylobacteriosis	51	59	55	677	599	537
Giardiasis	24	17	35	265	216	276
Hepatitis A	49	15	23	276	313	170
Hepatitis B	11	6	10	67	67	67
Salmonella	23	18	20	152	163	180
Shigella	18	21	27	232	277	220
TB	28	28	33	276	294	301
Gonorrhea	318	237	140	2791	2312	1867
Syphilis	62	13	14	570	309	131

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

CREDENTIALING ACTION

- Laguna Honda Hospital: On behalf of the governing body, three staff applications for medical staff were approved in November.

  Details are available in the Commission Office.

5) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

Richard Cordova, Executive Administrator of SFGH, provided the following update:

1. The Exchange of Non-Medical Space.

This issue has been completely resolved and the final language has been agreed upon by both parties.

2. The Transfer of All City Physician Specialist Positions to the University.

The labor attorneys had an excellent meeting on November 4 and seemed to be in sync on all of the substantive issues. Each attorney agreed to draft different portions of this section and their next meeting has been scheduled for November 16. They hope to agree upon final language at that meeting which they can then take back to their respective policy makers for approval.

3. Termination and Annual Appropriation.

The issue regarding the Charter requirement which subjects all City contracts to an annual appropriation of funds continues to be the most difficult to resolve. Louise Renne met with the University's General Counsel on November 5; however, they did not reach an agreement as to the interpretation of this Charter requirement or as to how to handle this matter. They did agree to further research the case law on this issue and to continue to search for a resolution.

Public Speaker: Edward Benner

President Jackson acknowledged the presence of Denise LaPointe, Chief of Staff for State Senator Quentin Kopp.

6) ANNUAL REPORT ON LAGUNA HONDA HOSPITAL

Mr. Anthony Wagner, Executive Administrator, presented an annual report on Laguna Honda Hospital and Rehabilitation Center (Attachment A, Executive Summary). A copy of the 36-page report in available in the Commission Office.

Mr. Wagner introduced members of his Executive Staff and highlighted the following areas:

Vision, Values, Mission and Goals
Facility Replacement Plans
Fiscal Year 1992-93 Financial Performance
Financial Restructuring

7) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Edward Benner

8) EXECUTIVE SESSION:

A. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," PAUL A. CORTES ET AL V. CCSF ET AL, SUPERIOR COURT #936-158, (SFGH).

Action Taken: The Commission approved the settlement for Paul A. Cortes et al v. CCSF et al, Superior Court #936-158, (SFGH).

B. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," JONATHAN PESNER V. CCSF ET AL, SUPERIOR COURT #946-980, (LHH).

Action Taken: The Commission approved the settlement for Jonathan Pesner V. CCSF et al, Superior Court #946-980, (LHH).

C. PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," CONSIDERATION OF A SETTLEMENT FOR MEDI-CAL REIMBURSEMENT , CCSF V. STATE OF CALIFORNIA, SAN FRANCISCO SUPERIOR COURT NUMBERS 926607, 939690, 930235, 938972, 935548, 934356, 932028, 937161, AND 926607.

Action Taken: The Commission approved the settlement for Medi-Cal reimbursement, CCSF V. State of California, San Francisco Superior Court numbers: 926607, 939690, 930235, 938972, 935548, 934356, 932028, 937161 and 926607.

D. PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

Action Taken: This item was deleted from the Agenda.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

I. EXECUTIVE SUMMARY

Laguna Honda Hospital and Rehabilitation Center (LHH), with 1202 licensed distinct part nursing facility (DP/NF) and 120 acute beds, offers a full array of long-term care services to the citizens of San Francisco, including a Senior Nutrition Program, Adult Day Health Center, AIDS unit, hospice, general acute & skilled nursing care, and acute & skilled nursing rehabilitation care. The Hospital is currently staffed for 1113 of the 1202 licensed DP/NF beds and for 35 of the acute beds.

This number of DP/NF beds accounts for approximately one third of the total of all Skilled Nursing Facility (SNF) beds in the City. A recent LHH study revealed a total of 3186 staffed SNF beds (3314 licensed beds) in the City. Of that number, LHH usually reflects an occupancy rate of 99% with the remainder of the private beds reflecting an occupancy rate of 94%, collectively. Laguna Honda Hospital routinely has a waiting list of 140-200 prospective patients.

The Department of Public Health's (DPH) office of Budget & Planning published a study in October of 1992 that estimated, by the year 1995, even with the above beds from LHH and the private sector, there will remain a need for 2,477 additional SNF and 806 Residential Health Care Facilities (RHCF) beds in San Francisco.

Although an increasing number of acute care hospital beds are available for conversion to SNF beds, the replacement of LHH remains a viable need. It is for that reason the Hospital Administration has continued to focus on the completion of the Facilities Replacement Project. If a replacement project is to be brought to fruition, planning efforts must continue.

In addition to excellent institutional-based patient care, the Hospital is also committed to the coordination and maintenance of community-based programs. In that regard, a number of relationships with community groups have been nurtured over the past year.

Highlights and accomplishments at LHH for fiscal year 1992-93 in clinical program development, capital projects, improvements in operational efficiency, and coordination with community-based groups are extensive. A summary of some of these achievements follows:

- In spite of an extremely difficult budget year, the Hospital has maintained all of its programs and services.

- The California Department of Health Services, Licensing & Certification (L&C) Division, conducted the annual inspection of LHH for both the general acute hospital license and the Omnibus Budget Reconciliation Act (OBRA) of 1987 survey for the distinct part skilled nursing service. All Standards and Conditions of Participation were met during the initial survey; and, as a result, no follow-up survey was required.

- In response to a projected revenue shortfall, the Hospital increased skilled nursing beds by 33 without adding any additional staff. The additional beds increased the budgeted census from 1080 to 1113.

- The Hospital established an eighteen member community ad hoc Budget Advisory Committee to seek input and support in achieving budget efficiencies. Information is also shared with this group regarding the status of the budget process.

- A multidisciplinary Revenue Enhancement Committee was established to identify new revenues and develop plans to capture those revenues. As a result of the Committee's work, new revenues are now being realized

- The LHH Executive Committee participated in a management retreat. The retreat objectives were to create a vision and values to guide the organization; examine and synchronize LHH's vision and values with DPH's vision and mission; and to identify and address internal and external challenges to the organization.

- The Laguna Honda Hospital/San Francisco General Hospital (SFGH) Transfer Task Force, established six years ago, has now been reconfigured in order to address major policy issues that will face both hospitals in the near future, including managed care. The composition of the reconfigured Committee will include the Medical Director of Quality Assurance and Utilization Review of SFGH; the Directors of Nursing, Utilization Review, and Social Services of both facilities, and continued to be chaired by the Medical Director of LHH.

- A computerized tracking system for tuberculosis cases and skin test conversions has been developed. Also, a mechanism to assure that positive cultures are communicated to the LHH staff from SFGH staff has been implemented and appears to be working well.

- A Hospital-wide influenza immunization program was provided for patients and staff. No cases of influenza were reported in the 1113 patient population.

- LHH worked with SFGH to define two liaison physician positions in physiatry and psychiatry to assist in patient screening and referrals and to enhance communication between the two hospitals.

- The Speech Pathology Department instituted a special program to train volunteers to work with patients with communication problems. The Department also increased its capabilities to evaluate swallowing disorders.

- A policy prohibiting smoking in any public area by patients, staff, volunteers and visitors was implemented April 1st.

- A new laundry equipment installation was completed and put into service, reducing maintenance expenses and staffing by 10%. Water consumption was reduced by 70%, saving 36 million gallons a year.

- The Hospital commenced the installation of a new information system to support patient registrations, transfers and discharges, billing and accounts receivable functions, medical records, abstracting, drug information, physician orders, and patient care planning.

- Approval was received for capital funds to repair the F-Wing of the main building plant. This request was necessitated because the F-Wing, which houses 120 patients, had cracked and separated from the spine of the main building due to settling and/or seismic activity over the years.

- A pro bono peer review and value engineering analysis of the Facilities Master Plan (FMP) was completed by the architectural firm of Anshen & Allen. The study identified a potential 19% savings that could be achieved in the Plan. This study is being followed up with the FMP consultants and City and County officials to identify the actual amount to be saved from the Plan.

- Hospital staff continued to be leaders as recipients of the Mayor's Managerial Leadership Awards with the award of the San Francisco's Chamber of Commerce Managerial Leadership Award being presented to the Executive Administrator this year.

- For the second consecutive year, Laguna Honda Hospital staff led City departments in their contributions to the Combined Charities Campaign. This past year, Hospital staff contributed $43,440, 10% of the City-wide total contributions..

- LHH was one of five of the country's largest long term care facilities participating in a special symposium at the annual American Geriatrics Society and Gerontological Society of America meetings in Washington, D.C.

- The LHH Volunteers, Inc. Board continued their generous donations to LHH patients. In addition to their ongoing annual funding commitments which total more than $132,000, the Board recently committed to funding another $63,000 in fiscal year 1992-93 for patient amenities that could not be funded from the operating budget.

- LHH celebrated its 125th year and culminated a series of commemorative events with the lighting of the main building tower from funds donated by the LHH Volunteers, Inc. Board.

- The FreeWheelers Association sponsored a successful fundraiser, "Art & Orchids", netting over $20,000. These funds were used to provide bus transportation for patients' trips.

In fiscal year 1992-93, the Hospital ended the year with $90,052,000 in patient revenues, and $10,356,000 in City General Fund revenue. The patient revenue was realized without a significant rate increase (only 0.5%) from MediCal. Based on prior year's experience, a 7% rate increase had been projected and budgeted. The difference was made up from additional bed revenues, as well as lowering expenses.

Skilled nursing patient days during the fiscal year totaled 399,471, which resulted in an average daily census of 1,094 patients as compared to 1,076 patients last year.

The payor mix continues to be primarily comprised of MediCal 88%, followed by Medicare 4%, private pay 6%, and MIA/Charity 2%.

Operating expenses of $100,186,000 were 3% more than the last fiscal year, but 2% below budget due in large part to internal cost containment.

The Hospital will expand efforts initiated in fiscal year 1992–93 of proactively integrating and consolidating operations to gain efficiencies, identifying and capturing new revenues, and reducing operating expenses.

The Hospital looks forward to fiscal year 1993–94 with hope that all of its goals will be achieved. Special emphasis will be devoted to the approval of the replacement of the current Hospital. The support and approval of the Health Commission, Board of Supervisors, and the Mayor will be requested to achieve this goal.

II. VISION, VALUES, MISSION AND GOALS

A. A Historical Perspective

The history of Laguna Honda Hospital dates back to 1866 when an act to establish an almshouse and hospital was approved by the State legislature on March 10, 1866. It allowed the Board of Supervisors to establish a facility not to exceed 80 acres, to be called "the Almshouse Tract." On August 29, 1866 a sale of 80 acres of the old San Miguel Rancho was recorded from F.L.A. Pioche and Levi Parsons to the City and County of San Francisco. The price was $30,000, and the acreage was noted as being adjacent to the Spring Valley water works at Laguna Honda. A general hospital was projected, but there was only enough money for the Almshouse and a smallpox hospital. The Almshouse opened on September 12, 1867.

The Almshouse was not rebuilt after the earthquake. Instead, the smallpox hospital (Building No. 2) was repaired in 1907–08; patients were moved from the General Hospital on Potrero, and the latter facility torn down. In March of 1908, "Building No. 2" was destroyed by a fire and the patients were temporarily housed in the old Almshouse and then in buildings at Ingleside Race Track, formerly used for refugees of 1906 by the Relief Corporation. The Relief and Red Cross Corporation built a new building on a pavilion plan for $300,000, "nearly completed on October of 1907"; and patients were moved in in January of 1908. The name was changed from the Almshouse to the Relief Home of the Aged and Infirm. In 1908, the original Almshouse was torn down.

The 1907–08 Municipal Reports noted that "with the new fiscal year the Relief Home of Aged and Infirm will be turned over to the City", and the City "will shortly erect a reinforced concrete infirmary building at the site of former No. 2." This was Clarendon Hall, finished in 1911 at a cost of $250,000 and housing 250 patients. The existing Main Hospital Building was completed in 1926. Both buildings are in service today.

B. Vision & Values

Laguna Honda Hospital adopted a vision statement in December of 1992. It has been proposed that the name of the institution be eventually changed to Laguna Honda Health Services to reflect the expanded vision. The vision statement articulated LHH's evolution from an organization focusing primarily on institutionalized senior and disabled citizens to one that was committed to a continuum of services. The vision statement follows:

Laguna Honda Health Services will be a center of a comprehensive care program for seniors and for the disabled, which is community-based and provides a continuum of care ranging from prevention services to institutional services with an emphasis on keeping people at home.

We value:

- o Excellence in service.
- o Operating at optimum efficiency.
- o Client-centered, culturally proficient, community-based care.
- o Dignity, respect, and autonomy for our clients.
- o Prevention and wellness.
- o Community and client input.
- o Respect, empowerment and development of our staff.
- o A diverse workforce.
- o A healthy, safe, clean environment.
- o Education for health care workers and clients.
- o Volunteers.
- o Trust, teamwork, collaboration and effective communication within our organization and with those we interact with outside our organization.
- o Accountability to ourselves and to the public.
- o Fostering a caring attitude towards clients, staff and volunteers.
- o Challenges and opportunities.

C. Mission & Goals

Historically, the mission of LHH was to provide a comprehensive and coordinated range of services for elderly and disabled residents of San Francisco in need of supervised long-term care for health problems.

The mission statement has now been revised to reflect the vision statement. Now the mission is to coordinate and provide a continuum of services for senior and disabled residents of San Francisco.

Goals have been established to achieve that mission:

1. To provide preventive, primary care and institutional services for those in need, especially for the poor and others with inadequate access to services, and with priority to those in greatest need.

2. To enable clients to achieve a high level of health and well-being.

3. To encourage the coordination and maintenance of community-based programs.

4. To foster volunteer participation in community-based and institutional programs.

5. To be a national leader in the provision of community-based and institutional services for seniors and the disabled, as well as in research and education in the fields of geriatrics and rehabilitative care.

6. To provide financial and human resources and programs to implement the mission of Laguna Honda Health Services.

7. To continually evaluate and improve the services provided.

In an effort to move the organization towards our vision, a number of relationships have been established with community-based groups. A series of exchange meetings and tours between LHH and On Lok Senior Health Services Executive Staffs have been accomplished to determine areas on which to focus. One area identified is the LHH waiting list. It will be determined if patients on the list are eligible for On Lok services.

The Executive Administrator has twice appeared before the Senior Action Network (SAN) to share information and answer questions regarding LHH's services. Representatives from SAN have also toured the facility with senior LHH staff. A representative from SAN will be added to LHH's Facilities Master Plan's Community Advisory Group.

Planning for Elders in the Central City (PECC) is a community-based group established for the purpose of planning for those elderly citizens who live in the Central City. One of their areas of study has been the feasibility of establishing a skilled nursing facility in the Central City. PECC have been exploring with LHH staff the possibility of including such a facility in the proposed LHH Replacement Bond Issue. Two members of the LHH management team, the Associate Administrator for Operations and the Director of Social Services, serve as LHH's representatives to that group.

The Hospital participates in the Department of Public Health's recently established Senior Services Committee. The Committee is co-chaired by the Executive Administrator of LHH. The Executive Administrator also represents the DPH as a member of the City's Senior Services Plan Task Force.

III. FUTURE DIRECTIONS

Although healthcare reform and MediCal managed care programs currently do not include institutionalized long-term care, LHH's management team has determined it is of paramount importance to take a leadership role in shaping the place of long-term care in the health reform debate at local, state and national levels.

In order for LHH to be in a position to respond positively to anticipated changes in health delivery systems, it must organize its management team and management systems to meet these new challenges. The Administration will also continue to work with the leadership of the Department of Public Health (DPH) in order that LHH's resources might be optimized in any restructuring.

Although a Strategic Plan for the DPH or LHH Strategic Plan has not been completed at this time, the Hospital has attempted to strategically manage its programs and resources in concert with short and long term plans of DPH. The Hospital Administration is planning to place the question of replacing LHH before the electorate in November of 1994 . However, before doing so, the Hospital Administration will determine the availability of alternative funding sources through meetings with the City, State, and National Governments' Delegations. The viability of existing and new revenue streams will also be explored.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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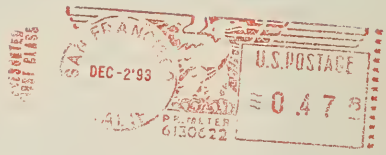

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CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Executive Secretary

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NOTICE

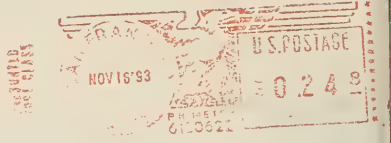
SPECIAL HEALTH COMMISSION MEETING

Tuesday, November 30, 1993
5:00 p.m.
101 Grove Street, Room #302
San Francisco 94102

EXECUTIVE SESSION: (CLOSED) PURSUANT TO GOVERNMENT CODE SECTION #54957, "PERSONNEL EXCEPTION".

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)



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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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AGENDA

HEALTH COMMISSION MEETING
December 7, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 16, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) CHS - AIDS - Renewal contract with the Iris Center: Women's Counseling and Recovery Services, in the amount of $92,293, for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Iris Center - Women's Counseling for services totaling $1,098,331 in FY 1992-93).

(3.2) DMS - CMHS - Renewal contract with Episcopal Community Services (ECS) in the amount of $372,003 per year to provide mental health community outreach and case management services and substance abuse case management services for the period July 1, 1993 through June 30, 1997. (DPH contracted with Episcopal Community Services for services totaling $372,003 in FY 1992-93).

(3.3) DMS - CMHS - Renewal contract with Swords to Plowshares in the amount of $194,833 per year to provide outreach and case management services to homeless Veterans for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Swords to Plowshares for services totaling $194,833 in FY 1992-93).

(3.4) DMS - CMHS - Renewal contract with Conard House, Inc. in the amount of $2,563,526 per year to provide 24-hour transitional residential care and case management services to San Francisco residents for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Conard House, Inc. for services totaling $2,535,896 in FY 1992-93).

(3.5) DMS - CMHS - Renewal contract with Instituto Familiar de la Raza, Inc. in the amount of $290,713 per year to provide outpatient mental health services to the Latino community, Severely Emotionally Disturbed (SED) children and their families for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Instituto Familiar de la Raza for services totaling $860,535 in FY 92-93).

(3.6) DMS -CSAS - Multiyear contract renewal with Bayview Hunters Point Foundation in the amount of $1,645,527 to provide substance abuse treatment services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Bayview Hunters' Point Foundation for services totaling $7,575,248 in FY 1992-93).

(3.7) DMS - CSAS - Renewal contract with Bay Area Addiction Research and Treatment, Inc. (BAART) in the amount of $1,660,765 per year to provide methadone mainteance services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Bay Area Addiction Research and Treatment, Inc. for services totaling $1,464,278 in FY 1992-93).

(3.8) DMS - CSAS - Multiyear renewal of agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone to provide multiple offense driving under the influence (DUI) services for the period July 1, 1993 through June 30, 1997. (DPH contracted with Mission Council on Alcohol Abuse for services totaling $125,585 in FY 1992-93).

(3.9) DMS - CSAS - Request to accept and expend a new grant in the amount of $196,785 from the USDHHS Substance Abuse and Mental Health Services Administration (SAMHSA) for the period of September 30, 1993 through August 31, 1994; and sole source and contract modification approval with Baker Places, Inc. in the amount of $192,926 for the term December 8, 1993 through August 31, 1994; to develop a resource manual and evaluation protocol to refer homeless clients to the City's integrated system of substance abuse and mental health services. (DPH contracted with Baker Places, Inc. for services totaling $3,878,906 in FY 1992-93).

(3.10) DMS - CSAS - Multi-year agreement renewal with Horizons Unlimited of San Francisco, Inc. in the amount of $1,149,378 to provide outpatient substance abuse treatment, day treatment and prevention services to multicultural youth for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Horizons Unlimited of San Francisco, Inc. for services totaling $994,380 in FY 1992-93).

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

6) PRESENTATION OF PRESIDENT CLINTON'S HEALTH PLAN AND A PROPOSED RESOLUTION INDENTIFYING ISSUES OF CONCERN TO THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH REGARDING HEALTH CARE REFORM

7) CONSIDERATION OF A RESOLUTION ON THE EMERGENCY MEDICAL SERVICES AGENCY DNR (DO NOT RESUSCITATE) POLICY AND PRESENTATION OF IMPLEMENTATION OF ADVANCED DIRECTIVES

8) CONSIDERATION OF AMENDMENTS TO THE LAGUNA HONDA HOSPITAL MEDICAL STAFF BYLAWS

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," LANIER WORLDWIDE V. CCSF, UNLITIGATED CLAIM #92-04098 FOR $9,704.95, (SFGH).

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 7, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Paul A. Rosenstiel

Absent: Commissioner Melinda L. Paras

(3.1) CHS - AIDS - Renewal contract with the Iris Center: Women's Counseling and Recovery Services, in the amount of $92,293, for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Iris Center - Women's Counseling for services totaling $1,098,331 in FY 1992-93).

Commissioners expressed concern about the low ratings on the contractor's administrative and fiscal practices. Although the Commissioners want agencies to survive, low ratings need to be improved. Since a Board member of the agency was unable to attend today's meeting, the Commission requested the Executive Director of the Agency to inform the Board about the monitoring report.

(3.2) DMS - CMHS - Renewal contract with Episcopal Community Services (ECS) in the amount of $372,003 per year to provide mental health community outreach and case management services and substance abuse case management services for the period July 1, 1993 through June 30, 1997. (DPH contracted with Episcopal Community Services for services totaling $372,003 in FY 1992-93).

(3.3) DMS - CMHS - Renewal contract with Swords to Plowshares in the amount of $194,833 per year to provide outreach and case management services to homeless Veterans for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Swords to Plowshares for services totaling $194,833 in FY 1992-93).

(3.4) DMS - CMHS - Renewal contract with Conard House, Inc. in the amount of $2,563,526 per year to provide 24-hour transitional residential care and case management services to San Francisco residents for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Conard House, Inc. for services totaling $2,535,896 in FY 1992-93).

In order for Commissioners to have specific questions answered about a contract, the Commission requested the Department to require a representative of the agency to be present when the agency's contract is being considered at the Budget Committee.

Public Speaker: Edward Benner.

(3.5) DMS - CMHS - Renewal contract with Instituto Familiar de la Raza, Inc. in the amount of $290,713 per year to provide outpatient mental health services to the Latino community, Severely Emotionally Disturbed (SED) children and their families for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Instituto Familiar de la Raza for services totaling $860,535 in FY 92-93).

Commissioner Kaufman expressed concern in giving a multiyear renewal when the evaluation is below standard. A Board and staff member of the agency were present.

Commissioners recommended a 1-year renewal, with a reconsideration of the multiyear renewal at a future date. This contract and the multiyear renewal issue are to be referred to the Joint Conference Committee for Mental Health, Substance Abuse and Forensics.

(3.6) DMS -CSAS - Multiyear contract renewal with Bayview Hunters Point Foundation in the amount of $1,645,527 to provide substance abuse treatment services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Bayview Hunters' Point Foundation for services totaling $7,575,248 in FY 1992-93).

This item was deleted.

(3.7) DMS - CSAS - Renewal contract with Bay Area Addiction Research and Treatment, Inc. (BAART) in the amount of $1,660,765 per year to provide methadone maintenance services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Bay Area Addiction Research and Treatment, Inc. for services totaling $1,464,278 in FY 1992-93).

Commissioner Kaufman expressed her concern that the contractor did not respond sufficiently to the evaluation recommendations from the Alcohol and Drug Advisory Boards and requested this matter be referred to the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

(3.8) DMS - CSAS - Multiyear renewal of agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone to provide multiple

offense driving under the influence (DUI) services for the period July 1, 1993 through June 30, 1997. (DPH contracted with Mission Council on Alcohol Abuse for services totaling $125,585 in FY 1992-93).

Commissioner Ludington expressed his concern on the low ratings for quality and quantity of work performed and client record documentation and that technical assistance be provided.

Commissioner Jackson requested the Commission to be appraised of the agency's progress on its evaluation. This issue will be referred to the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

(3.9) DMS - CSAS - Request to accept and expend a new grant in the amount of $196,785 from the USDHHS Substance Abuse and Mental Health Services Administration (SAMHSA) for the period of September 30, 1993 through August 31, 1994; and sole source and contract modification approval with Baker Places, Inc. in the amount of $192,926 for the term December 8, 1993 through August 31, 1994; to develop a resource manual and evaluation protocol to refer homeless clients to the City's integrated system of substance abuse and mental health services. (DPH contracted with Baker Places, Inc. for services totaling $3,878,906 in FY 1992-93).

(3.10) DMS - CSAS - Multiyear agreement renewal with Horizons Unlimited of San Francisco, Inc. in the amount of $1,149,378 to provide outpatient substance abuse treatment, day treatment and prevention services to multicultural youth for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Horizons Unlimited of San Francisco, Inc. for services totaling $994,380 in FY 1992-93).

Commissioners expressed concern over the small number (4) of Board members. Commissioner Ludington is concerned about all agencies' board governance. The Commissioner requested a letter from this agency's Board of Directors addressing a strategy and timeline for Board recruitment. This issue will be referred to the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.6 which was deleted.

4) DIRECTOR'S REPORT
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

BUDGET UPDATE

- FY 93/94 Mid-Year Supplemental: The Mayor's Office has informed DPH that the available General Fund to support the mid-year supplemental appropriation to fund the restored programs for the second six months will be $2.4 million less than actually requested and approved by the Health Commission. The Mayor's budget staff asked the Department to resubmit its request and reduce the General Fund request from $18.3 million to $15.9 million while providing the services identified for restoration.

  Department staff has reviewed current levels of revenues and expenditures and have determined that the supplemental request can be

reduced by using excess salary savings accrued from the Mayor's hiring freeze, reducing salaries requested by LHH, and increased mental health revenues. Specifically, the $2.4 million General Fund reduction could be achieved as follows:

$1.0 mil - CPHS and Central Office salary savings
.6 mil - Mental Health SB 910 revenues
.1 mil - Mental Health salary savings
.4 mil - LHH reduced salary request
.3 mil - SFGH Psych increase in Short Doyle Medi-Cal

The Department is intent on providing the services identified for restoration in the supplemental. However, DPH will be unable to accomplish this task if vacant positions remain unfilled. In the revised supplemental, the Department has requested that vacant positions which provide critical services be released upon approval of the supplemental appropriation request.

The hiring freeze has already impacted the delivery of health and mental health services:

- Services to the chronically mentally ill and substance abuse clients have been adversely affected;

- Vacancies within Community Public Health Services have resulted in delays in delivering services to clients, temporary use of more expensive personnel, reduced third-party revenues, and delays in producing grant applications;

- San Francisco General Hospital estimates that unfilled MIS positions seriously impede its ability to improve patient registration and billing systems with a projected revenue loss of $2.5 million;

- The Bureaus of Toxics, Health and Safety and Environmental Health estimates $670,000 in lost fees due to unfilled inspector positions;

- Laguna Honda estimates that unfilled finance positions have impacted its abilities to maximize revenues.

MANAGED CARE

- Update on Managed Care Developments: The San Francisco MediCal Managed Care Local Initiative Steering Committee continues to meet regularly to develop the workplan for the local initiative, due to the State by March 1994, and the detailed design document, due to the State by November 1994. The initiative effort should be assisted by funds from SB456, signed into law by Governor Wilson in September, which provides $10 million statewide from intergovernmental transfers and federal medicaid dollars for the development of local initiatives. San Francisco should receive approximately $500,000 in the Spring of 1994. The Irvine Foundation and the San Francisco Foundation have also been approached for financial support. Funds are needed urgently for legal counsel to address major legal issues in the establishment of a separate legal entity, for data analysis in the production of a business plan, and for staff support to the project.

The Local Initiative Steering Committee has approved the purpose, guidelines, and membership criteria for both the Program Advisory Committee, and the Beneficiary Advisory Committee. The Program Advisory Committee members have been selected, and approved by the Steering Committee, and the Program Committee will be holding its first meeting sometime in December. Members of the Beneficiary Committee are currently being nominated. Part-time volunteers have recently been obtained to help staff these committees.

The DPH Managed Care Steering Committee will be expanded to include a Training and Education subcommittee, which will be charged with developing a system to provide both provider and patient education regarding managed care for DPH. Utilization and cost data for DPH continues to be collected and analyzed to assist in the development of a DPH managed care system.

REVENUE ASSESSMENT

- Enhancing Revenue Generating Capabilities: As reported to you in July, the firm of Deloitte & Touche has been providing pro bono services to assess opportunities for revenue maximization. The Department continues to work with Deloitte & Touche on their preliminary report. It is expected their report will be finalized and presented to the Commission in January as part of the Department's Strategic and Business Plans.

BUDGET PROCESS

- DPH Staff Participation: The Executive Staff has appointed several DPH committees as part of the plan to include staff participation in the budget process and prepare our employees for the transitions that will occur as DPH responds to managed care, national health care reform and financial restructuring. The following committees include senior management as well as line staff participation from all divisions of DPH:

  Expanded Executive Staff - Executive Staff and Senior Management
  DPH Budget Committee - Executive Staff, Division CFOs, Director of Personnel, and DPH Budget Staff
  Ad Hoc Staff Budget Advisory Committee - Program Supervisors and Staff
  Restructuring Workgroups - Executive Staff, Senior Management, and Program Staff

INTERIM APPOINTMENTS FOR BUDGET AND PLANNING

- Budget Coordinator: I have asked Ms. Monique Zmuda to serve as Interim Budget Coordinator to oversee the development of the Department's budget for FY 1994-95. Ms. Zmuda has many years of budget experience in the City and the Department of Public Health. For several years, she served as the Board of Supervisor's Budget Analyst staff assigned to analyze the Health and Human Services budgets. Prior to her appointment as Director of the DMS Budget and Operations unit, she served as the first Health Commission secretary.

  Ms. Tangerine Brigham will continue to serve as budget staff and will work with Ms. Zmuda and the DPH Budget Committee to assist in the budget process and to facilitate its implementation.

- Planning Coordinator: Similarly, I have appointed Ms. Carol Piccione, as Interim Planning Coordinator. Ms. Piccione has primary

responsibility for Managed Care and will share responsibility for managing the Planning Office workload with Ms. Brigham (budget and fiscal) and Ms. Melange Matthews (legislative issues). Ms. Piccione is a Senior Planner and has been with DPH since 1989.

SAN FRANCISCO GENERAL HOSPITAL

- JCAHO Focused Survey: The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) will be conducting a focused survey at San Francisco General Hospital on Wednesday, December 8. The focus of this survey will be the quality improvement plans for the Pharmacy, Social Services, Food Services, and Rehabilitation Services Departments. This small focused survey is being conducted as follow-up to the very low number of citations issued by the JCAHO in the three day survey conducted last year.

LAGUNA HONDA HOSPITAL

- LHH Annual Holiday Show: The Laguna Honda Hospital Volunteer Inc.'s annual Holiday Show for the hospital's residents will be held on Friday, December 17 at 2 p.m., and will be headlined this year by Eddie Fisher. Fred LaCosse and Terry Lowery will again co-host the event which will include variety show acts and a guest appearance by Michael Prichard.

  The Commissioners are invited to attend this event which is the entertainment highlight of the year for the 1,100 patients at Laguna Honda Hospital. The show will be broadcast live on Channel 44 at 2 p.m. on the 17th and rebroadcast on Christmas Eve and Christmas Day.

COMMUNITY PUBLIC HEALTH SERVICES

- Federally Qualified Health Centers: At a prior Health Commission meeting, the Department described efforts to gain Federally Qualified Health Center (FQHC) designation for its primary care clinics, which would gain full-cost reimbursement for Medi-Cal and Medicare patients. The requirements included the creation of a governing board and execution of a memorandum of understanding, which the Health Commission asked to review before an application was submitted.

  Upon further discussion with federal and state officials, Department staff have learned that all of our primary care clinics might qualify under the umbrella of our Health Care for the Homeless Program (Section 340) grant funds, which would not require a governing body or MOUs.

  Department staff will attempt to confirm that this simpler route to FQHC status is available to us, and I will keep the Health Commission up to date on the status of those efforts.

- DPH Forum Regarding SF Sex Clubs: On November 16, the AIDS Office held a community forum to discuss the Department's actions against sex clubs that are not adhering to safe sex standards. At the forum, the Department revealed that letters had been sent to the establishments of My Place, The Campus Theatre, Mike's Night Gallery, and The Church.

  The letters informed the business owners that if violations were not immediately corrected, the Department of Public Health, working with the City Attorney, would seek closure of their establishments on the grounds that they are a public health menace. Since the letters were sent, My

Place has been corrected and the other three establishments have contacted the Department and committed themselves to correct the problems. The Department is currently in the process of verifying that the violations have been corrected and will move forward with plans to close the establishments that are still in violation.

- Defunding of the Health Outreach Team Agency: At the end of October, the AIDS Office completed a full-scale monitoring of the Health Outreach Team. This agency was funded the the Health Department with CARE funds, to provide medical care for HIV-infected persons living in the Tenderloin. The monitoring disclosed several serious problems with the program. Based on this monitoring, the AIDS Office recommended to the Mayor's HIV Health Services Planning Council that this program be defunded. The Council voted to accept this recommendation. The agency has received notification that their contract will be terminated on December 31, 1993. The AIDS Office is currently working out an appropriate transition for clients from this program. In the meantime, clients of the Health Outreach Team can be seen at the Tom Waddell Clinic.

- AIDS Consolidation: The AIDS Office has announced tentative awards for two large requests for proposals (RFPs). The RFPs, one for AIDS health services and one for AIDS prevention services, were designed to facilitate consolidation by having agencies work together to combine their expertise, and to reduce the number of different agencies that clients had to access in order to receive all the services they need. This consolidation will reduce the total number of AIDS Office General Fund contracts from 41 to 11. Details of the contracts as well as further plans to facilitate consolidation of AIDS services will be presented to the Commission in February when the contracts are ready to be certified.

- Public Health Laboratory Dedication: Approximately 300 people attended an open house on December 2 to celebrate the completion of remodeling of the Public Health Laboratory. The celebration included a special dedication in memory of the late Arthur F. Back, Dr.P.H., Laboratory Director. It is deeply regretted that Dr. Back did not live to enjoy the new laboratory.

  The renovation, made possible by a one million dollar federal grant from the National Institutes of Health, was finally completed after two years of construction during which the laboratory remained fully operational. The finished results, deeply appreciated by the staff, have already contributed to the overall efficiency of the laboratory.

- Bureau of Epidemiology & Disease Control: The Bureau has been informed by the State that a San Francisco resident, who died in 1980, has been confirmed as a hantavirus case. The man was 29 years old at the time of death and had visited New Mexico where he had some rodent exposure in the month prior to the onset of his illness. Because of the history of the patient, it seems unlikely that his illness was acquired in San Francisco. This is not one of the possible cases which were reported on earlier this year. None of those cases have been confirmed.

- Transgender Tuesdays: The Tom Waddell Clinic and Homeless Programs are pleased to announce that as of November 30, 1993, a new evening clinic has been instituted to provide full primary care to transgender persons. Outreach to the Tenderloin and South of Market areas will be emphasized. Services, available in both English and Spanish, include hormonal therapy (at the discretion of medical staff and in discussion with each patient on an individual basis) as well as HIV testing and care. The staff, consisting of MDs, a nurse practitioner, a registered nurse, a social worker, an outreach worker, a mental health worker, and a receptionist, will work and consult with other community agencies and service providers to help meet the needs of San Francisco's transgender communities.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Office of Self Help: The newly created Office of Self Help, a consumer planned and operated project, has completed the selection and hiring of its team of self help consumers. This team includes consumers and family members as proposed. The team consists of: one African-American Consumer Specialist; one Asian Consumer Specialist; one Latino Consumer Specialist; one African-American IMD Outreach Worker/Driver/Consumer Specialist, one Latino Family Specialist, one European-American Education Coordinator/Family Specialist, one Administrative Assistant/Consumer Specialist (Persian), one Program Director (Gay Identified).

  On November 1, the self help team went into an intensive training mode which will be completed by January 1, 1994. The training includes peer counseling, self help support group facilitation, substance abuse issues, HIV universal precaution and HIV peer support, sexual abuse issues, patient rights, cultural issues, CPR/first aid, confidentiality, meds and many other important basics that will prepare the team for the tasks ahead.

  For on-site cluster services, a list of potential programs has been generated. Directors of the selected programs will be contacted shortly to work out details regarding how the team will work with their particular client population.

  Self Help van services to Napa are well underway, and during the month of December, will be expanded into Crestwood Vallejo. The IMD driver will transport both family members and friends to visit their loved ones. While at the IMDs, staff will provide outreach, peer support and information regarding issues that out-of-county clients may have.

- Update on Westside Crisis Clinic Relocation: The Westside Crisis Clinic relocation continues to be a very fluid issue. DMS had asked the City Attorney's Office for an opinion on the legal implications of the options for relocation of the Westside Outpatient and Crisis program. Basically the two options available were to move the programs to the Westside Administrative site at Oak Street or to a Market Street site where Westside used to operate a Substance Abuse program. Either option would imply an emergency move without the required approval process.

  Last week, DMS was informed that the Westside Board concluded that an emergency move for 3 to 4 months could be very disruptive to program

operations. They are now in the process of reopening negotiations with the landlord in order for the programs to remain at the current location until the new site is ready. DMS will have more information after the meeting between the Board and the landlord this week.

OTHER DPH APPOINTMENTS

- Appointment of Interim EMS Medical Director: Dr. Larry Meredith has announced the appointment of Dr. Douglas E. Goldman as Interim Medical Director of the San Francisco Medical Services (EMS) Agency, replacing Dr. Jim Pointer. Dr. Goldman is board certified by the American Board of Emergency Medicine.

  Dr. Goldman, a native San Franciscan, is a graduate of the Sackler School of Medicine, Tel-Aviv University, Israel. He interned at Mt. Zion Hospital and Medical Center in San Francisco and completed his emergency medicine residency at Valley Medical Center in Fresno. Dr. Goldman practiced emergency medicine at Mt. Zion and Marshall Hale Hospitals. Recently, he has participated in a number of EMS Agency committees and task forces and maintains active involvement in the SF Emergency Physicians Association as a member of the Executive Committee.

  Please welcome Dr. Goldman to his new responsibility as Medical Director of the EMS Agency.

- Maternal and Child Health Medical Director: Dr. Abner Boles, Director of Child and Youth Health Services has appointed Dr. Janet Shalwitz to the long vacant position of Maternal and Child Health (MCH) Medical Director Dr. Shalwitz who has been the Medical Director of Special Programs for Youth (SPY) at the Youth Guidance Center since 1987 will transfer from her current position to assume the role of MCH Medical Director no later than December 30, 1993. Prior to assuming her new duties, Dr. Shalwitz and Dr. Boles will review the supervision of the SPY programs.

  As the new MCH Medical Director, Dr. Shalwitz will report to Dr. Boles and have ultimate medical oversite of Child and Youth Health Services.

- Director of Nutrition Services: Dr. Boles has also announced the appointment of Maria LeClair as the Director of Nutrition Services as of November 8, 1993. She was most recently the WIC Director at the San Mateo County Health Department. In addition to the WIC Program, Ms. LeClair will provide oversight to the Nutrition Services located at the Primary Care Centers.

- Special Assistant Position: On November 29, Ms. Jean Harris, formerly special assistant to the Mayor, joined DPH as a special assistant. Ms. Harris will spend a major portion of her time working with the Forensic Medical Program in an effort to qualify that program for federal/state reimbursements. Ms. Harris will also assist DPH with certain legislative and operational matters with the Board of Supervisors and the Mayor's Office and work under the City's state lobbyist on specified policy initiatives. Ms. Harris will report to the Deputy Director of Health for CPHS, Dr. Sandra Hernandez.

LEAD PREVENTION PROGRAM

- Geneva Towers: DPH conducted blood lead tests for residents of Geneva Towers on November 29 and 30. The tests, performed by the DPH Childhood Lead Prevention Program, were requested by the Regional HUD Office as a result of recent preliminary tests by consultants which showed elevated levels of lead in the project's tap water. Subsequent flushing of the water system, however, found lead levels to be within EPA standards.

  Initial results of the tests indicate that blood lead analysis show no cause for concern based on CDC standards. There is no indication of elevated blood leads among the residents of Geneva Towers. The Department will be conducting independent testing of the water at Geneva Towers this week to confirm that the lead levels found in the preliminary water study are not at levels which would cause concern. HUD has agreed to reimburse the City for any costs.

- Blood Lead Tests of Children in the Mission: Testing of all children under the age of 6 years in the inner Mission has been completed. The results of the tests will be reported to the Commission in the near future.

HEALTHY CITIES PROJECT

- Healthy Cities International: The first global conference on Healthy Cities International is being held this week in San Francisco. The purpose of the conference is to showcase projects and increase communication among participants. Delegates from around the world will meet to explore issues such pollution, substance abuse, violent crimes, unemployment, homelessness, and other factors which lead to decreases in the health status of people.

- SF Designation as a Healthy City: The Department of Public Health's application for designation as a "healthy city" was accepted by the California Healthy Cities Project on December 1, 1993. The DPH project will focus on immunizations for two year olds in the Tenderloin neighborhood of San Francisco.

  This application was previously approved by the Health Commission and supported by the Board of Supervisors and the Mayor. The Board of Supervisors also adopted a resolution designating December 5-11, 1993 as Healthy Cities Week in San Francisco.

5) CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)

Richard Cordova, SFGH Executive Administrator, gave an update as follows:

1. The Transfer of City Physician Specialists to the University

   The labor attorneys from the City and University have now met several times to negotiate and draft language to address the complex issues involved in transferring employees to another employer. They reached a general agreement on these issues and on the language at their last meeting on November 19. We are now waiting for the University attorney to submit a recommendation for the exact language to include in the final draft.

2. Annual Appropriation Language

The City Attorney's Office has spent countless hours reviewing the law and searching for a resolution to this issue. They have recently proposed that we obtain the advice and opinion of the law firm Orrick, Herrington & Sutcliffe (which has served as bond counsel to both the City and the University and has thoroughly researched this same issue in the context of bond issues). At this time, the City Attorney's Office is trying to get in touch with the University's General Counsel to discuss pursuing this avenue as a means of resolving this issue.

Paula Jesson, Deputy City Attorney, reported that both sides will acknowledge the fact that there is a disagreement on this issue. There is willingness to compromise by making the contract multiyear, subject to Charter restrictions with each party having differring views of the legal effects.

President Jackson reported that he met with U.C. Chancellor Joseph Martin. Both President Jackson and Chancellor Martin want to conclude the contract negotiations and bring a proposed contract to the Commission at its January 4, 1994 meeting.

Public Speaker: Edward Benner

6) PRESENTATION OF PRESIDENT CLINTON'S HEALTH PLAN AND A PROPOSED RESOLUTION IDENTIFYING ISSUES OF CONCERN TO THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH REGARDING HEALTH CARE REFORM

Melange Matthews, DPH Senior Legislative Planner, presented the following:

1. An update on changes made in the Health Security Act subsequent to its first release on September 9, 1993.

2. A review of competing Congressional plans.

3. A comparison between Health Commission Resolution #10-92 endorsing principles of health care reform, and the Health Security Act.

4. A proposed resolution (attachment A), Identifying Issues of Concern Related to Health System Reform, is attached for your review. The Commission will consider this resolution at the December 21, 1993 meeting.

A copy of the above presentation can be requested from the Commission Office (554-2666).

Commissioner Marton requested more information on the financial impact on the health system with the population of incarcerated persons. He also commented on the need to clarify "the reimbursement structure for Disproportionate Share payments to hospitals serving low-income, alien populations should be preserved."

Commissioner Kaufman commented to add to the resolution that members of the Government's Executive and Legislative Branches would participate in the National Health Plan.

Public Speaker: Edward Benner

At the Health Commission meeting of December 21, 1993 staff will present an analysis of the Plan's impact on specific populations and a review of the relationship between national reform and the State initiative for managed care. The Commission will consider the proposed resolution identifying issues of concern related to health system reform.

7) CONSIDERATION OF A RESOLUTION ON THE EMERGENCY MEDICAL SERVICES AGENCY DNR (DO NOT RESUSCITATE) POLICY AND PRESENTATION OF IMPLEMENTATION OF ADVANCED DIRECTIVES

Dr. Robert Brody, SFGH, and Abby Yant, EMS, presented the Advanced Directive Programs in the Department of Public Health (Attachment B).

Public Speakers: Darrell Owens, VNH of San Francisco
Nathan Nayman, West Bay Hospital Conference
Steve Heilig, S.F. Medical Society

Action Taken: The Commission adopted Resolution #29-93, (Attachment C), "Supporting the Advanced Directive Programs".

8) CONSIDERATION OF AMENDMENTS TO THE LAGUNA HONDA HOSPITAL MEDICAL STAFF BYLAWS

Dr. Mary Anne Johnson, Associate Administrator of Medical Services at Laguna Honda Hospital, reported that the proposed revisions to the LHH Medical Staff Bylaws were approved by its Medical Staff, were presented to the Joint Conference Committee, and were reviewed by the Hospital attorney.

The changes in the Bylaws were primarily a result of minor modifications in order to be consistent with CMA Model Bylaws, changes recommended by the Hospital attorney related to the Americans With Disabilities Act, changes recommended by the Hospital attorney in order to offer greater legal protection both to the hospital and to staff members in the event of summary suspension of a staff member, and changes recommended by the Medical Executive Committee aimed at improving committee functioning and efficiency.

Dr. Johnson presented the following changes:

1. A Credentials Review Committee is created to meet separately from the Executive Committee. The Credentials Review Committee membership is composed of all the physician members of the Executive Committee.

2. A Code Blue Committee is established. The Code Blue Committee had previously been a subcommittee of the Pharmacy and Therapeutics Committee and made its reports to that committee instead of directly to the full Medical Staff.

3. The composition of the Medical Executive Committee is changed to include the directors of the Rehabilitation, Psychiatric, Pharmacy, and Nursing Departments. The Hospital Executive Administrator and the Director of Health are already members of the Medical Executive Committee, in addition to the present and immediate past Chiefs of Staff and two physicians elected by the Medical Staff. The goal of this expanded membership is to facilitate communication and program planning.

4. The Utilization Management, Medical Records and Infection Control Committees were restructured with smaller memberships in order to make committee functioning more efficient.

5. Non-discrimination language regarding treatment of patients as well as hiring of and accommodations for persons with disabilities has been added to comply with the Americans With Disabilities Act.

6. The role of psychologists as full members of the Psychiatry Department is explicitly stated.

7. New language expands and clarifies regulations concerning summary suspension and hearings. The new language allows summary suspension when failure to impose such summary suspension could reasonably result in imminent danger to an individual. This section also clarifies the rights of an affected practitioner to challenge the suspension and to have a prompt hearing.

8. The requirement for attendance at a minimum of 50% of committee meetings is deleted in accordance with standard practice at other hospitals.

9. New language specifically prohibits members of Medical Staff committees from voluntarily testifying or otherwise disclosing committee proceedings and records, the violation of which would subject a members to corrective action. Non-members of the Medical Staff who serve on these committees are bound by the same prohibitions.

Action Taken: The Commission approved the amendments to the LHH Medical Staff Bylaws.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "PENDING LITIGATION," LANIER WORLDWIDE V. CCSF, UNLITIGATED CLAIM #92-04098 FOR $9,704.95, (SFGH).

Action Taken: The Commission approved the unlitigated claim #92-04098 for $9,704.95.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (3)

PROPOSED RESOLUTION
IDENTIFYING ISSUES OF CONCERN RELATED TO HEALTH SYSTEM REFORM

WHEREAS, there is a recognized crisis in the current health care system related to cost and access: where 40.6 million Americans have no health care insurance an additional 15 to 30 million have inadequate insurance, where two million persons per month lose their health insurance, and health care costs account for 12% of the gross national product, and;

WHEREAS, the San Francisco Health Commission passed Resolution 10-92 Endorsing the Principles for Health System Reform for the Department of Public Health, and;

WHEREAS, the San Francisco Health Commission passed Resolution 2-93 Endorsing the Principles for the Development of a Managed Care System in San Francisco, and;

WHEREAS, the San Francisco Health Commission has passed both Vision and Mission Statement Resolutions guiding planning, budgeting and policy direction for the Department of Public Health, and;

WHEREAS, each of these Resolutions promotes health care access for all, and the elimination of financial, cultural, linguistic, physical, and operational barriers to services, and;

WHEREAS, the primary providers of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health and other traditional safety net providers, are deeply concerned that proposed health reform changes in state and national systems could threaten the quality and access to care for those who rely on our local health system, particularly in light of the state budget crisis, and;

WHEREAS, the President of the United States has proposed the Health Security Act of 1993 to reform the health care system, and;

WHEREAS, several competing Congressional plans to reform the health care system have also been introduced, and;

WHEREAS, significant discussion regarding the merits of each proposal will result in substantial changes to the pending legislation, and;

WHEREAS, the directives subsumed in state and national health system reform will have sweeping implications on the general operations and structure of the Department of Public Health, and;

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health and mental health care services, surveillance, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery, and;

WHEREAS, pending changes may alter the viability of public health services in San Francisco, now, therefore; be it

RESOLVED, that the San Francisco Health Commission identifies the following issues and questions of concern related to health system reform:

1. Undocumented aliens are not eligible for guaranteed health benefits under the Health Security Act of 1993. This omission is in contrast to the first principle identified in Resolution 10-92 endorsing Universal Coverage for all people, and guaranteeing health care as a right, not a privilege.

2. Emergency services and prenatal care for undocumented aliens should maintain, at a minimum, the federal and state match reimbursement structure currently in place.

3. The reimbursement structure for Disproportionate Share payments to Hospitals serving low-income, alien populations should be preserved.

4. "Essential community provider" designation should include San Francisco General Hospital.

5. Currently, incarcerated populations are not covered in the Health Security Act of 1993. What changes can be effected to increase local support for the costs incurred in providing health care services care to these persons?

6. If cities and local governments may serve as alliances (as state agencies do), why is there no cap on percent of payroll contributed to premium for public employers until 2002?

7. Fexibility should be included in national reform to alleviate the pressures exerted on municipalities already involved in statewide reform, so that timelines and participation will not disrupt sensitive transitions currently underway?

8. Health system reform should include adequate funding for ongoing planning and evaluation with consumers, communities and providers to assure the maintenance of quality public health services which are culturally sensitive and linguistically competent.

9. How can the Health Care Act of 1993 or other Congressional measures be altered to include additional funding for long-term care and mental health and substance abuse services?

10. Health system reform should include specific recognition of the role which the Graduate Medical Education plays in providing health care services to urban and underserved populations.

11. The San Francisco Department of Public Health has ongoing collaborative relationships with providers in the private sector, including individual practitioners, community clinics, hospitals and other organizations which will be effected by both comprehensive and incremental reform. As such, it has a critical interest in how reform legislation will specifically affect SFDPH's services and the population of the City and County of San Francisco, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to take a leadership position in advocating for changes in pending in state and national legislation which are responsive to these issues and which support previously approved principles for health system reform, and be it;

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to stay informed on the legislative progress and policy changes related to state and national health system reform, and to support approved principles wherever the opportunity arises.

City and County of San Francisco

Department of Public Health
Director's Office

MEMORANDUM

DATE: December 2, 1993

TO: President Arthur Jackson and Health Commissioners

FROM: Florence Stroud MN, MPH
Interim Director of Health

SUBJECT: DPH Advanced Directive Programs and
Resolution Supporting Advanced Directives Programs

This report will present an overview of Advance Directive Programs in the Department of Public Health and propose a resolution endorsing such programs for consideration by the Health Commission. This document outlines the medical ethics principles guiding such programs, reviews the Patient Self Determination Act, defines advanced directives, discusses the various programs in place throughout the Department of Public Health and identifies future plans.

1. Medical Ethics Principles

The three basic principles of medical ethics are :

1. beneficence/non-maleficence - the obligation of health providers to do good for the patient and do no harm.
2. autonomy - the patient's right to be fully informed and to make decisions for himself or herself
3. distributive justice - the concern for how resources are distributed

The past twenty five years has seen a remarkable increase in the importance given to patient autonomy in the ethics literature, court cases, regulations and laws in this country, and medical practice. The general consensus that has developed is that overriding the preferences of a person to benefit that person or to prevent harm to him or her is not acceptable. The thrust of this trend has been to make more equal the power relationship between provider and patient.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

2. **Patient Self Determination Act (Federal Law)**

The Patient Self Determination Act became effective on December 1, 1991 for all hospitals, skilled nursing facilities, hospices and home health agencies participating in the Medicare and Medicaid programs.

Briefly, the Act specifies that participating providers must:

- Maintain written policies and procedures for all adults receiving medical care by or through the provider concerning their rights to:
  - make decisions concerning their medical care,
  - accept or refuse medical or surgical treatment, and
  - formulate, at the individual's option, an Advance Directive.

- Provide written information to all adults on these policies, including the provider's policies regarding the implementation of these rights. The written information required by the law must be given out by hospitals at the time of the individual's admission as an inpatient; by skilled nursing facilities when the individual is admitted as a resident; by a provider of home health care in advance of the adult individual receiving care; and, by hospices at the time the individual initially receives hospice care.

- Document in the individual's medical record whether or not the individual has executed an Advance Directive.

- Not condition the provision of care or otherwise disriminate against an individual based on whether or not that individual has executed an Advance Directive.

- Assure compliance with the requirements of State law concerning Advance Directives.

- Provide for the education of staff and the community on issues concerning Advance Directives.

3. Advance Directives

An Advance Directive is a formal document, written prior to an incapacitating illness or injury, in which people can provide for decision making about medical treatment if they become unable to make their own decision. The Durable Power of Attorney for Health Care, the Directive to Physicians under the natural death act, and now the Prehospital Do Not Resuscitate (DNR) order are means to this end, i.e., ensuring that the patient's preferences for care are honored in situations when he or she is not able to consent or to refuse care.

Listed below are the various recognized forms of advanced directives

1. Durable Power of Attorney for Health Care (DPAHC): The DPAHC is a signed, dated and witnessed document in which a person of at least 18 years of age may name a surrogate decision maker (health care agent or attorney in fact) to make health care decisions on his or her behalf in the event of incapacity. Individuals may also specify which health care treatment(s) they want rendered or not rendered, such as surgery or the provision of artificial nutrition and hydration. The DPAHC may relate to most medical situations and may be written with or without the advice of a lawyer.

2. Natural Death Act Declaration: This document is a form of a living will. It is a document that can be written by any adult and that directs physicians to withhold or withdraw life sustaining treatment in the event of terminal illness or permanent unconsciousness (when the person is no longer able to make his or her own decisions).

3. Living Wills or other advisory documents: On occasion, before becoming incapacitated, a patient who lacks a surrogate decision maker may have prepared a non-statutory living will or made a specific oral statement to another person, such as his or her physician or other health care provider, concerning the provision of life-sustaining procedures. These documents are considered advisory. An incomplete DPAHC or prehospital DNR directive is considered advisory as well.

4. Prehospital Do Not Resuscitate Form This form issues a Do Not Resuscitate (DNR) order to EMS personnel which means, in the event of cardiac or respiratory arrest, the following are NOT performed: chest compression, defibrillation or cardioversion, assisted ventilation, airway intubation and cardiotonic drugs. The Prehospital DNR directive is applicable in the prehospital setting for adult patients, age 18 or greater, including those in long-term care and hospice programs, treated by EMS personnel which includes EMT-Paramedics, EMT-Is and First Responders, while responding to 911 or private emergency medical calls, non-emergency medical calls and interfacility transports of patients. Ideally, persons would complete a DPAHC in addition to a Prehospital DNR Form.

4. DPH Programs

San Francisco General Hospital

On admission to the hospital, each patient is asked by admitting personnel whether he or she has an advance directive and whether a copy is available for the medical record. This information is recorded on the admitting record. In addition, each patient is given a copy of a brochure describing the hospital's policies about advance directives. Medical Social Service staff members inquire whether the patient has any questions about advance directives, and encourage the patient and physician to more fully discuss the issue, if appropriate. Nursing is responsible for stocking the forms on each nursing unit and in each clinic area, and often the nurse brings the patient's desires to the attention of the physician. The physician will counsel the patient about formulating an advance directive. Also, attending physicians, particularly in intensive care units, but elsewhere as well, attempt to implement the desires the patient expressed in the advance directive; the hospital risk managers and members of the Ethics Committee are available to assist staff caring for incapacitated patients. Finally, the primary care physicians and nurses in the outpatient areas are bringing up the issues of defining preferences for care so that decisions can be made in a more considered manner before the patient is acutely ill.

Laguna Honda Hospital Advance Directive Program

Laguna Honda Hospital has developed a comprehensive plan to implement and track the requirements of the Patient Self Determination Act and to encourage discussions between patients and physicians about the patient's health care wishes. At admission, each patient is advised of his or her right to make health care decisions and formulate advance directives. If written advance directives have been executed, a copy is obtained for the Admissions Office and the medical record. A follow-up visit by a medical social worker within five days ascertains if the patients has questions or needs further information about advance directives.

The medical and nursing staff review any existing advance directives with the patient. If the patient has no advance directives, the physician is expected to initiate discussions with the patient. Durable power of attorney appointment is encouraged if possible. (In long term care facilities, execution of a Durable Power of Attorney for Health Care must be witnessed by the state long-term care ombudsman and, in many cases, the ombudsman also plays a key role in initiating the DPAHC discussion.) In any case, the physician documents the advance directive discussions in the medical record. Directives are reviewed whenever there is a ward transfer to ensure continuity of care. Under the auspices of the Bioethics and Medical Records Committees, a separate "Advance Directive Section" has been incorporated into the medical record whereby all multidisciplinary team members may chart relevant information. The Advance Directive section is sent with the patient in the event of any transfer to acute care.

Quality assurance monitoring of the hospital's advance directives policy is being developed, with a plan to review medical records for documented discussions in the Advance Directive section, appropriate orders, inclusion of surrogate decision makers initially and in subsequent conversations, progress notes, discussion of specific life sustaining treatments, and completion of tasks by Admissions and Eligibility and Social Services.

Community Oriented Primary Care

The Community Oriented Primary Care network understands the importance of advance directives and recognizes their role as primary care givers in informing patients of their rights to make informed decisions regarding their health care. While patient education regarding advance directives is currently not well structured throughout the network, through the efforts of this project, the network staff will receive training and materials to distribute to their clients.

AIDS Office

The San Francisco AIDS Office supports patient rights in determining the type and extent of health care they receive. To this end, the AIDS Office encourages persons with HIV to discuss their wishes regarding health care with their health care provider(s) and to document these dicussions in writing. The AIDS Office also encourages organizations to educate their clients about Advance Directives and to develop policies to comply with such directives.

Emergency Medical Services Agency
Prehospital Do Not Resuscitate Directives
The EMS Agency's Prehospital Do Not Resuscitate Directive Policy, in accordance with guidelines developed by the California EMS Authority and endorsed by the California Medical Association, the San Francisco Medical Society and the Emergency Physicians Association, allows EMS responders to honor DNR directives in the prehospital setting, including the patient's home, skilled nursing facilities or hospices.

The standardized form for Prehospital DNR directive (attached) allows patients over 18 years of age to express in writing their desire to refuse unwanted resuscitation measures in the prehospital setting. In addition, a person may obtain a Medic Alert medallion which states "Do Not Resuscitate-EMS" which will be recognized by EMS responders. Both the DNR form and the Medic Alert bracelet are intended to provide a standard approach to DNR directives in the prehospital setting throughout California. The presence of either a properly executed prehospital DNR form or a state-approved bracelet or medallion will signal EMS personnel not to attempt resuscitative measures.

The Prehospital Do Not Resuscitate Policy also permits EMS personnel to honor medical DNR orders written in the patient's medical record in a licensed health care facility. EMS personnel at the scene of an emergency or impending death may also respect directions given by a person properly named as an "attorney in fact" in a valid Durable Power of Attorney for Health Care (DPAHC).

Training for all EMS personnel regarding the Prehospital Do Not Resuscitate Policy is ongoing.

5. Future Directions

1. Advance Directive programs throughout the department will continue to be reviewed.

2. Health provider education and materials will be developed and distributed as needed throughout the Department.

3. Patient/Client teaching materials are being developed and will be provided through care sites.

4. A system to make available Durable Power of Attorney for Health Care and Prehospital Do Not Resuscitate forms for patients of the Department will be developed.

5. The Hospital Council of Northern California is assisting the Department in coordinating the integration of the new Prehospital Do Not Resuscitate Form into their member hospitals Advanced Directives programs.

6. The San Francisco Medical Society has endorsed the Prehospital Do Not Resuscitate program and will assist members with information regarding Advance Directives.

7. The EMS Agency plans to include home health care agencies and hospice organizations, along with the California Association of Health Care Facilities whose membership consists of convalescent and skilled nursing facilities, in an ongoing community education program regarding the Prehospital Do Not Resuscitate Forms and other advance directives.

8. Individuals or organizations requiring additional information regarding the Department of Public Health's Advance Directives programs including the Prehospital Do Not Resuscitate program and form may call 554-9968.

   DPH programs may contact Abbie Yant, EMS Agency, Mary Anne Johnson, M.D., Laguna Honda, Robert Brody, M.D., SFGH; Gay Kaplan, COPC, Susan Buchbinder, M.D., AIDS Office, for specific program information.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-93

SUPPORTING THE ADVANCED DIRECTIVES PROGRAMS

WHEREAS, the Department of Public Health Mission Statement states that the Department shall assess, evaluate, educate and disseminate information regarding conditions that affect the public's health; and

WHEREAS, the Patient Self Determination Act of 1991 requires hospitals, skilled nursing facilities, hospices and home health agencies participating in the Medicare and Medicaid programs to give patients information about their right to make their own health care decisions including the right to accept or refuse medical treatment and requires providers to educate their staffs and the community on issues related to advanced directives; and

WHEREAS, all individuals have the right to decide among health care options; and

WHEREAS, Advanced Directives apply only when an individual has lost their decision-making capacity; and

WHEREAS, the State Emergency Medical Authority Prehospital Do Not Resuscitate Guidelines were issued in 1993 to encourage the adoption of local Prehospital Do Not Resuscitate Programs; and

WHEREAS, the Emergency Medical Services Agency has developed a policy to permit EMS personnel to recognize the Prehospital Do Not Resuscitate form, now, therefore, be it

RESOLVED, the Health Commission supports the rights of patients to make their own health care decisions including the right to accept or refuse medical treatment; and, be it

FURTHER RESOLVED, that the Health Commission supports the Department of Health's plan to disseminate information regarding advanced directives to health care providers and the clients served by Department; and, be it

FURTHER RESOLVED, that the Health Commission approves the Prehospital Do Not Resuscitate Program.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 7, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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AGENDA

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

HEALTH COMMISSION MEETING
December 21, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 7, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Update on SFGH Revenues and Expenditures.

(3.2) CHS - AIDS - Modification to the contract with Continuum HIV Day Services, in the amount of $258,842 to provide Adult Day Health Care to persons with HIV, for the period of July 1, 1993, through June 30, 1994. (DPH contracted with Continuum HIV Day Services for services totaling $332,060 in FY 1992-93).

(3.3) CHS - AIDS - New contract with Baker Places, Inc., in the amount of $191,851, for the provision of permanent congregate housing for persons with HIV/AIDS, for the period Date of Certification through June 30, 1994. (DPH contracted with Baker Places, Inc. for services totaling $3,878,906 in FY 1992-93).

(3.4) CHS- AIDS - Renewal contract with the Mission Neighborhood Health Center, in the amount of $286,595 to provide early intervention primary medical care for HIV, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Mission Neighborhood Health Center for services totaling $684,834 in FY 1992-93).

(3.5) CHS - Support Services - Multiyear renewal contract with Central Hospitality House in the amount of $510,418 to provide peer-support programs for homeless persons at Tenderloin Self Help Center, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Central Hospitality House for services totaling $601,918 in FY 1992-93).

(3.6) CHS - Homeless Program - Request to accept and expend a new one time grant in the amount of $90,000 from the Episcopal Diocese for an entitlement specialist to provide basic client needs for food, shelter, income and for medical equipment for the Tom Waddell Clinic for the period of December 1, 1993 through June 30, 1994.

(3.7) DMS - CMHS - Multiyear contract renewal with Crestwood Hospitals, Inc. in the amount of $ 9,698,000 per year to provide partial day subacute locked skilled nursing services for the period of July 1, 1993 through June 30, 1994. (Exercising 2nd year of a two year option). (DPH contracted with Crestwood Hospitals, Inc. for services totaling $9,098,531 in FY 1992-93).

(3.8) DMS - CMHS - Renewal contract with Volunteer Center of San Francisco in the amount of $74,714 per year to provide community outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Volunteer Center of San Francisco for services totaling $46,614 in FY 1992-93).

(3.9) CHS - Tobacco Free Project - Modification of contract with Bayview Hunter's Point Foundation to extend the term of the contract by 19 months to provide a tobacco prevention media campaign targeting African American youth and young adults for the period of May 8, 1992 through December 31, 1993.

4) DIRECTOR'S REPORT
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5.A) PRESENTATION OF A DETAILED IMPACT OF PRESIDENT CLINTON'S NATIONAL HEALTH CARE REFORM ON THE DEPARTMENT OF PUBLIC HEALTH; AND

5.B) CONSIDERATION OF A RESOLUTION IDENTIFYING ISSUES OF CONCERN TO THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH REGARDING HEALTH CARE REFORM

6) CONSIDERATION OF THE CHILDREN'S SERVICE PLAN OF THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND FAMILIES FOR 1994-95

7) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL BY THE DIRECTOR OF HEALTH ON AN APPLICATION FOR EXTENSION OF CATASTROPHIC ILLNESS STATUS

8) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

To allow individuals with environmental illness or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 21, 1993
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 7, 1993

Public Speaker: Edward Benner, Press - did not support approval because his comments were not in the minutes.

Action Taken: The Commission adopted the minutes of the regular meeting of December 7, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Update on SFGH Revenues and Expenditures.

This item was deferred to the full Commission.

(3.2) CHS - AIDS - Modification to the contract with Continuum HIV Day Services, in the amount of $258,842 to provide Adult Day Health Care to persons with HIV, for the period of July 1, 1993, through June 30, 1994. (DPH contracted with Continuum HIV Day Services for services totaling $332,060 in FY 1992-93).

(3.3) CHS - AIDS - New contract with Baker Places, Inc., in the amount of $191,851, for the provision of permanent congregate housing for persons with HIV/AIDS, for the period Date of Certification through June 30, 1994. (DPH contracted with Baker Places, Inc. for services totaling $3,878,906 in FY 1992-93).

Commissioner Paras did not discuss this item and did abstain from voting on the item.

(3.4) CHS- AIDS - Renewal contract with the Mission Neighborhood Health Center, in the amount of $286,595 to provide early intervention primary medical care for HIV, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Mission Neighborhood Health Center for services totaling $684,834 in FY 1992-93).

Commmissioner Kaufman expressed concern that monitoring reports could be done in a more timely fashion. However, the Department stated that due to cuts in the administrative infrastructure, there are fewer Department staff to monitor the increasing number of contracts.

(3.5) CHS - Support Services - Multiyear renewal contract with Central Hospitality House in the amount of $510,418 to provide peer-support programs for homeless persons at Tenderloin Self Help Center, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Central Hospitality House for services totaling $601,918 in FY 1992-93).

Because the Department received the required fiscal report from the contractor today and has not had time to assess the report, the Commission postponed making a decision on this multiyear renewal until January 4, 1994.

Commissioner Kaufman requested the Department to look at the processing time for contracts in view of the CBO's cash flow problems.

(3.6) CHS - Homeless Program - Request to accept and expend a new one time grant in the amount of $90,000 from the Episcopal Diocese for an entitlement specialist to provide basic client needs for food, shelter, income and for medical equipment for the Tom Waddell Clinic for the period of December 1, 1993 through June 30, 1994.

(3.7) DMS - CMHS - Multiyear contract renewal with Crestwood Hospitals, Inc. in the amount of $ 9,698,000 per year to provide partial day subacute locked skilled nursing services for the period of July 1, 1993 through June 30, 1994. (Exercising 2nd year of a two year option). (DPH contracted with Crestwood Hospitals, Inc. for services totaling $9,098,531 in FY 1992-93).

Commissioners Jackson and Ludington requested this multiyear renewal be postponed to the January 4, 1994 agenda and requested the owner of the corporation to be present to address the question of compliance with the Commission's affirmative action policy.

(3.8) DMS - CMHS - Renewal contract with Volunteer Center of San Francisco in the amount of $74,714 per year to provide community outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with Volunteer Center of San Francisco for services totaling $46,614 in FY 1992-93).

(3.9) CHS - Tobacco Free Project - Modification of contract with Bayview Hunter's Point Foundation to extend the term of the contract by 19 months to provide a tobacco prevention media campaign targeting African American youth and young adults for the period of May 8, 1992 through December 31, 1993.

Commissioner Kaufman requested clarification on Department policy on non-performance of a contractor. She does not support the concept of rewarding non-performance of any contractor.
Austin Thompson, Executive Director of Bayview-Hunter's Point Foundation, responded to the administrative issues of the contract.
Commissioner Kaufman voted not to approve the modification of this contract.

Action Taken: The Commission approved items #3.2, 3.3, 3.4, 3.6, 3.8, and 3.9. Commissioner Paras abstained on item #3.3. Commissioner Kaufman voted no on item #3.9. Items #3.5 and 3.7 were postponed to the January 4, 1994 agenda of the Budget Committee.

(3.1) Update on SFGH Revenues and Expenditures.

As requested by the Commission to provide monthly updates on the SFGH revenues and expenditures, Richard Cordova, Executive Administrator of SFGH, gave an overview of the projected revenue shortfall of $20 million for this fiscal year and a plan to respond with a combination of new revenues and expense controls. (See Attachment A).

President Jackson requested the Commission to calendar for a future meeting the issue of the City's population of the working uninsured.

4) DIRECTOR'S REPORT
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

SAN FRANCISCO GENERAL HOSPITAL

- General Clinical Research Center: The SFGH General Clinical Research Center (GCRC), an inpatient nursing unit staffed and operated by the University, was moved from Building 100 to Unit 5B in the main hospital last week. The unit was moved because the former location did not meet the strict code requirements for inpatient nursing units. Additionally, by housing this research unit in the main hospital, staffed beds can be more advantageously utilized and a patient's participation in a drug study can better avoid decertified days.

- SFGH Staff/Air Force Reserves: Christine Moy, R.N., a nurse at SFGH and a member of the Air Force Reserves, has been called on to serve in the medical evaluation unit in Somalia. Ms. Moy was a critical care nurse at SFGH for ten years and has worked in the SFGH outpatient clinics for the past three years. We wish her well and a safe return.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/Associate Director: Mr. Jimmy Loyce, Associate Director of the AIDS Office, has accepted a position as Executive Director of the AIDS Project Los Angeles (APLA). Mr. Loyce has been with the Department since November 1981 when he started in Substance Abuse Services. He also served briefly as Director of the Homeless Multiservice Centers before his

appointment as Associate Director of the AIDS Office in 1991. His last day in the office will be January 7th.

Mr. Loyce has been a great asset to the Department of Public Health and his services will be greatly missed. We wish him the best in his new position.

- Update on Sex Clubs: Three of the four establishments that were not adhering to safe sex standards have responded to the letters from the AIDS Office and have made changes to correct the problems. The clubs have increased lighting and monitoring activities.

  The owner of the Church of Secret Gospel has not yet agreed to the requested corrections but has contacted AIDS Office staff and has agreed to discussions with the Coalition for Healthy Sex. The Coalition is made up of sex club operators, AIDS educators, and community representatives.

  The AIDS Office continues to work with the City Attorney's Office and will move forward to close any establishments that remain in violation.

- Public Health Nursing Assignments: Dr. Hernandez is pleased to announce that through the reallocation of resources, public health nurses are now assigned to all primary care sites. These assignments include Ms. Virginia Yee to Tom Wadddell Clinic, Ms. Mary Montoya to Potrero Hill Health Center, and Ms. Norma Faris-Taylor to Southeast Health Center.

- Health Center #1 Plays Santa to Mission Children: Once again Health Center #1, through the auspices of its Community Advisory Board, will be distributing gifts of food baskets and toys to needy children of the Mission neighborhood. Funds for these gifts are raised by the Advisory Board through donations from neighborhood businesses and through activities at the Center's annual Halloween party.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Bay Bridge Asbestos Spill: Bureau staff responded with SF Fire Department HazMat Team and provided consultation at the request of CAL-TRANS regarding clearance for reopening Bay Bridge lanes following the asbestos spill on December 7. On December 16, the Bureau participated in the San Francisco Office of Emergency Services review of the incident with numerous City, Regional, State and Federal agencies. The review concluded that while the closure and spill cleanup were performed properly, public and interagency notifications need to be improved.

NOVEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 11/30/93)

Total San Francisco cases:	18,213
Total San Francisco deaths:	11,650
Total S.F. cases for November:	229*
Total S.F. deaths for November:	157

*Includes 178 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient		
Average Daily Census	(except newborns):	261
Newborn Nursery:		21
Actual Patient Days	(except newborns):	8,176
Newborn Nursery:		630
Admissions	(except newborns):	1,400
Newborn Nursery:		146
Average Length of Stay	(except newborns):	6
Newborn Nursery:		3
Discharge Patient Days	(except newborns):	8,137
Newborn Nursery:		501
Discharges	(except newborns):	1,400
Newborn Nursery:		146
Outpatient Visits		
Primary Health		
Family Health:		2,731
General Medicine:		1,845
Pediatric:		2,854
OB/GYN:		1,836
Specialty Clinics:		8,042
Non-admit Emergency Visits		
Emergency Room:		N/A
Psychiatric Emergency Services:		N/A

- Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	9
Clarendon Hall:	165
AIDS/Hospice SNF:	26

- Mental Health

SFGH/Acute Psychiatric Beds:	77
(13 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	3

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	883
Health Center #2:	360
Health Center #3:	600
Health Center #4:	818
Health Center #5:	692
Tom Waddell Clinic:	2,641
Potrero Hill Health Center:	595
Southeast Health Center:	617
Special Programs for Youth:	2,900
TOTAL VISITS:	10,106

Disease Control

TB Clinic:	1,741
City Clinic:	1,330

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 11/27/93			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS*	139	134	239**	1725	1553	4342**
Campylobacteriosis	51	59	55	677	599	537
Giardiasis	24	17	35	265	216	276
Hepatitis A	49	15	23	276	313	170
Hepatitis B	11	6	10	67	67	67
Salmonella	23	18	20	152	163	180
Shigella	18	21	27	232	277	220
TB	28	28	33	276	294	301
Gonorrhea	318	237	140	2791	2312	1867
Syphilis	62	13	14	570	309	131

*Resident cases only
**Includes cases meeting 1993 definition of AIDS

CREDENTIALING ACTION

- San Francisco General Hospital: On behalf of the governing body, the following appointments and reappointments of SFGH Medical Staff were approved during October, November, December:

Appointments to the Active Staff:	3
Reappointments to the Active Staff:	24
Appointments to the Courtesy Staff:	16
Reappointments to the Courtesy Staff:	41
Appointments to the Affiliated Staff:	2
Reappointments to the Affiliated Staff:	7

Details are available in the Commission Office.

5.A) PRESENTATION OF A DETAILED IMPACT OF PRESIDENT CLINTON'S NATIONAL HEALTH CARE REFORM ON THE DEPARTMENT OF PUBLIC HEALTH

Melange Matthews, Senior Legislative Planner, presented an analyses of the Health Security Plan's potential impact on specific populations in the City. (Details are available in the Commission Office). The areas covered included:

- Mental Health and Substance Abuse
- Long-Term Care
- Hospitals
- Incarcerated Persons
- Refugees and Immigrants

Ms. Matthews presented information emphasizing that Health System Reform will not work unless it works for the urban disadvantaged. Her presentation included:

- Health Status of Inner-City America
- Root Causes of Poor Health in Inner-City America
- Burden of Safety Net Hospitals
- Health Care Paradigm Shift

(Details of her presentation are available in the Commission Office.)

5.B) CONSIDERATION OF A RESOLUTION IDENTIFYING ISSUES OF CONCERN TO THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH REGARDING HEALTH CARE REFORM

Commissioner Rosenstiel submitted the following points to be included in the resolution:

4. Add to the end: ..."and other disproportionate share hospitals."

9. Amended: "Health reform should include adequate funding for long-term care and mental health and substance abuse services, including appropriate reimbursement for high cost services that are now provided by such reimbursement methodologies as distinct part SNF and TEFRA psych reimbursement."

Proposed additional points:

13. It is essential that a reformed health care system that provides universal access not construct barriers to enrollment since institutional barriers are likely to be most difficult for our traditional clients to overcome.

14. While enrollment will be mandatory, many people will not enroll. Such people without coverage are most likely to come to the traditional safety net providers for service because other providers may, as they often do now, attempt to avoid patients without sponsorship. Public health care systems must receive reimbursement for such patients.

15. A reformed health care system must ensure access to capital and recognize the special capital needs of public hospitals that have historically been starved for capital. Such hospitals and health systems will need significant assistance in accessing capital to build the networks that will enable them to treat their traditional patients.

Commissioner Paras encouraged the Commission to look at the Health Care Reform from a broader framework and ask the question of whether the Plan will improve the public health of San Francisco. Commissioner Paras reported that she has been in communication with Dr. Phil Lee, Assistant Secretary for Health and Human Services, and his staff, about making presentations focusing on the public health initiative in Health Care Reform. Dr. Lee has agreed to make such presentations in San Francisco to the Commission and other interested groups.

President Jackson stated the Commission, facilitated through Commissioner Paras, will set up hearings or meetings in conjunction with Dr. Lee's schedule.

Public Speaker: Nathan Nayman, Hospital Council, supported the resolution and requested the addition of disproportionate share hospitals to #4.

Commissioner Paras requested to include in the resolution that special pools of funds (i.e. - Ryan White, Disproportionate Share Hospitals) are not displaced and that a reformed health care system must ensure replacement of such funds.

Flo Stroud encouraged the Commission to act on the resolution today so that an initial policy can be forwarded to the Mayor and the Board of Supervisors and that initial policy can be utilized by the City's Washington lobbyist in January and February.

Action Taken: The Commission approved the proposed resolution with amendments (Attachment B), and with the understanding that the Commission may change or amend the resolution in the future.

6) CONSIDERATION OF THE CHILDREN'S SERVICE PLAN OF THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND FAMILIES FOR 1994-95

Linda Asato, Planning Coordinator for the Mayor's Office of Children, Youth, and Their Families, gave an overview of the process and history of implementing the San Francisco Children's Fund. The Children's Service Plan outlines the goals, objectives, expenditures of funds, and designates which City department is proposed to administer the proposed program. A copy of the FY 1994-95 Children's Services Plan is available in the Commission Office.

Commissioner Paras expressed her concern about school-based health education for children and youth, especially in the area of sex education with relation to sexually transmitted diseases and teen pregnancies. Given the high rate of teenage pregnancies, Commissioner Ludington would like to see sex education given to 4-5 year-olds.

Commissioner Castaneda promoted the leveraging of funds by the Department.
Commissioner Jackson commented on the need for early intervention to children and youth around violence prevention.
Commissioner Marton inquired about the application/RFP process.

President Jackson acknowledged the presence of Anthony Lincoln, Director of MOCYF, who reported that the Children's Services Plan is a 10-year plan with the emphasis on collaboration around children's services.

7) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL BY THE DIRECTOR OF HEALTH ON AN APPLICATION FOR EXTENSION OF CATASTROPHIC ILLNESS STATUS

This item was postponed to January 18, 1994 since the applicant requested a postponement based on the fact that she was out of the country and would not return until January 10, 1994.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

SCHEDULE 1

San Francisco General Hospital Medical Center
Revenue and Expense Budget Projection
Fiscal Year 1993-1994
Projection at 12-15-93 (reflects November activity)

I. Causes of revenue variances. *(Variances assume full year restorations.)*

	@ 11/2/93 Includes October Activity	@12/15/93 Includes November Activity
a. Inpatient medical/surgical/obstetric	($10.6)	(14.5)
b. Inpatient psychiatry	1.2	1.2
c. Outpatient	(5.1)	(5.5)
d. Ambulance	(1.1)	(1.2)
	($15.6)	($20.0)

II. Responses to the revenue shortfall.

a. Labor reductions.	$3.7	$4.5
b. Materials and supplies.	1.5	2.0
c. Contracts	0.5	1.8
Subtotal (Cost)	5.7	8.3
d. SB 910 Medi-Cal case management	1.7	3.0
e. Collector's Workstation	1.0	1.0
f. SB 855 Retroactive disproportionate share	7.2	7.2
g. Medi-Cal Appeals		0.5
Subtotal (Revenue)	9.9	11.7
Total	$15.6	$20.0

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 30-93

RESOLUTION IDENTIFYING ISSUES OF CONCERN RELATED TO HEALTH SYSTEM REFORM

WHEREAS, there is a recognized crisis in the current health care system related to cost and access: where 40.6 million Americans have no health care insurance an additional 15 to 30 million have inadequate insurance, where two million persons per month lose their health insurance, and health care costs account for 12% of the gross national product, and;

WHEREAS, the San Francisco Health Commission passed Resolution 10-92 Endorsing the Principles for Health System Reform for the Department of Public Health, and;

WHEREAS, the San Francisco Health Commission passed Resolution 2-93 Endorsing the Principles for the Development of a Managed Care System in San Francisco, and;

WHEREAS, the San Francisco Health Commission has passed both Vision and Mission Statement Resolutions guiding planning, budgeting and policy direction for the Department of Public Health, and;

WHEREAS, each of these Resolutions promotes health care access for all, and the elimination of financial, cultural, linguistic, physical, and operational barriers to services, and;

WHEREAS, the primary providers of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health and other traditional safety net providers, are deeply concerned that proposed health reform changes in state and national systems could threaten the quality and access to care for those who rely on our local health system, particularly in light of the state budget crisis, and;

WHEREAS, the President of the United States has proposed the Health Security Act of 1993 to reform the health care system, and;

WHEREAS, several competing Congressional plans to reform the health care system have also been introduced, and;

WHEREAS, significant discussion regarding the merits of each proposal will result in substantial changes to the pending legislation, and;

WHEREAS, the directives subsumed in state and national health system reform will have sweeping implications on the general operations and structure of the Department of Public Health, and;

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health and mental health care services, surveillance, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery, and;

WHEREAS, pending changes may alter the viability of public health services in San Francisco, now, therefore; be it

RESOLVED, that the San Francisco Health Commission identifies the following issues and questions of concern related to health system reform:

1. Undocumented persons are not eligible for guaranteed health benefits under the Health Security Act of 1993. This omission is in contrast to the first principle identified in SF Health Commission Resolution 10-92 endorsing Universal Coverage for all people, and guaranteeing health care as a right, not a privilege.

2. Emergency services and prenatal care for undocumented persons should maintain, at a minimum, the federal and state match reimbursement structure currently in place.

3. Recognition of the critical services provided by Disproportionate Share Hospitals should be preserved, especially during any transition period when a gap may occur between hospitals receiving DSH payments and the development of "other" funding mechanisms. The reimbursement structure for Disproportionate Share payments to Hospitals serving low-income, undocumented populations should be preserved.

4. "Essential Community Provider" designation should include community providers who provide care to vulnerable populations, including San Francisco General Hospital and other Disproportionate Share Hospitals.

5. Incarcerated persons are not covered in the Health Security Act of 1993. Reimbursement mechanisms must be incorporated into health system reform to off-set the local costs incurred in providing health care services care to these persons.

6. A reformed health care system must ensure access to capital and recognize the special capital needs of public hospitals that have historically been starved for capital. Such hospitals and health systems will require significant assistance in accessing capital to build the networks that will enable them to treat their traditional patients.

7. It is essential that a reformed health care system that provides universal access, not construct barriers to enrollment since institutional barriers are likely to be most difficult for our traditional clients to overcome.

8. While enrollment will be mandatory, many people will not enroll. Such people without coverage are likely to seek traditional safety net providers for health care services,

because other providers may, as they often do now, attempt to avoid patients without sponsorship. Public health care systems must receive reimbursement for such patients.

9. Health system reform must include specific recognition of the role which Graduate Medical Education plays in providing health care services to urban and underserved populations.

10. Flexibility must be included in national health system reform to alleviate the pressures exerted on municipalities already involved in statewide reform, so that timelines and participation will not disrupt sensitive transitions currently underway.

11. Health system reform must include adequate funding for ongoing planning and evaluation with consumers, communities and providers to assure the maintenance of quality public health services which are culturally sensitive and linguistically competent.

12. The Health Security Act of 1993 or any other Congressional health system reform measure passed, should include additional funding for long-term care and mental health and substance abuse services, including appropriate reimbursement for high cost services that are now provided by such reimbursement methodologies as distinct part SNF (skilled nursing facility) and TEFRA (tax equity and fiscal responsibility act) psychology reimbursement.

13. Private employers (with over 5,000 employees) who establish their own alliance receive a cap on percent of payroll contributed to premium. Cities and local governments which serve as alliances should be allowed the same privilege (currently the cap for public employers does not go into effect until 2002).

14. Health system reform should include specific guidelines for the inclusion of federal employees into a health alliance (except for the US Post Office, which has already separated itself from other federal programs).

15. In any instance where Ryan White funds or other related funds are displaced, a reformed health care system must ensure the replacement of such critical funding.

16. The San Francisco Department of Public Health has ongoing collaborative relationships with providers in the private sector, including individual practitioners, community clinics, hospitals and other organizations which will be effected by both comprehensive and incremental reform. As such, it has a critical interest in how reform legislation will specifically affect SFDPH's services and the population of the City and County of San Francisco, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to take a leadership position in advocating for changes in pending in state and

national legislation which are responsive to these issues and which support previously approved principles for health system reform, and be it;

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to stay informed on the legislative progress and policy changes related to state and national health system reform, and to support approved principles wherever the opportunity arises.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday , December 21, 1993.

Sandy Ouye Mori

Sandy Ouye Mori

Executive Secretary to
the Health Commission

Attachment B
Page 4 of 4

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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